

				AID CODE 10				----- MONTHLY AVERAGE -----		
58,600 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@TOTAL, ALL PROVIDERS	39,831	1,524,761	\$ 16,714,709.74	\$ 10.96	26.020	\$ 419.64	\$ 285.23			
@PHYSICIANS SERVICES	8,877	28,213	\$ 443,533.25	\$ 15.72	.481	\$ 49.96	\$ 7.57			
OUTPATIENT VISITS	423	577	19,338.87	33.52	.010	45.72	.33			
OFFICE VISITS	399	529	16,217.78	30.66	.009	40.65	.28			
HOME VISITS	0	0	.00	.00	.000	.00	.00			
EMERGENCY ROOM	40	46	3,049.67	66.30	.001	76.24	.05			
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00			
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00			
OTHER OUTPATIENT	2	2	71.42	35.71	.000	35.71	.00			
INPATIENT VISITS	41	158	6,581.09	41.65	.003	160.51	.11			
HOSPITAL VISITS	24	119	5,046.69	42.41	.002	210.28	.09			
CRITICAL CARE	3	14	984.20	70.30	.000	328.07	.02			
SNF/ICF/TRANS IP CARE	17	25	550.20	22.01	.000	32.36	.01			
OPHTHALMOLOGICAL SERVICES	93	95	3,001.14	31.59	.002	32.27	.05			
EXAMINATIONS	93	95	3,001.14	31.59	.002	32.27	.05			
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00			
INPATIENT HOSPITAL SURGERY	10	51	5,131.48	100.62	.001	513.15	.09			
PRINCIPAL SURGEON	8	10	3,320.17	332.02	.000	415.02	.06			
ASSISTANT SURGEON	1	2	810.86	405.43	.000	810.86	.01			
ANESTHESIOLOGIST	3	39	1,000.45	25.65	.001	333.48	.02			
OUTPATIENT SURGERY	51	105	20,708.49	197.22	.002	406.05	.35			
PRINCIPAL SURGEON	43	47	18,500.48	393.63	.001	430.24	.32			
ASSISTANT SURGEON	1	1	174.24	174.24	.000	174.24	.00			
ANESTHESIOLOGIST	17	57	2,033.77	35.68	.001	119.63	.03			
DIALYSIS	0	0	.00	.00	.000	.00	.00			
PATHOLOGY	106	181	1,260.30	6.96	.003	11.89	.02			
RADIOLOGY	112	196	10,089.66	51.48	.003	90.09	.17			
PSYCHIATRY	0	0	.00	.00	.000	.00	.00			
IMMUNIZATION AND INJECTION	30	73	6,899.68	94.52	.001	229.99	.12			
OTHER SERVICES/ALL X-OVERS	8,357	26,777	370,522.54	13.84	.457	44.34	6.32			
@PHARMACY	34,129	428,091	\$ 7,979,670.95	\$ 18.64	7.305	\$ 233.81	\$ 136.17			
PRESCRIPTION DRUGS	33,741	133,897	7,637,923.98	57.04	2.285	226.37	130.34			
SNF/ICF	846	5,133	256,043.27	49.88	.088	302.65	4.37			
OUTPATIENTS	32,988	128,764	7,381,880.71	57.33	2.197	223.77	125.97			
MEDICAL SUPPLIES	2,996	294,194	341,746.97	1.16	5.020	114.07	5.83			
@DENTIST	2,441	11,131	\$ 510,994.53	\$ 45.91	.190	\$ 209.34	\$ 8.72			
VISITS - DIAGNOSTIC	1,583	6,849	80,766.04	11.79	.117	51.02	1.38			
ORAL SURGERY	458	1,243	59,123.25	47.56	.021	129.09	1.01			
DRUGS	0	0	.00	.00	.000	.00	.00			
ANESTHESIA	5	5	100.00	20.00	.000	20.00	.00			
PERIODONTICS	132	139	20,905.00	150.40	.002	158.37	.36			
ENDODONTICS	52	57	11,033.00	193.56	.001	212.17	.19			
RESTORATIVE DENTISTRY	477	1,233	92,963.75	75.40	.021	194.89	1.59			
PROSTHETICS	23	24	675.00	28.13	.000	29.35	.01			
DENTURES, STAYPLATES	660	1,571	245,303.49	156.14	.027	371.67	4.19			
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00			
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.000	100.00	.00			
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00			
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00			
ALL OTHER SERVICES	10	9	25.00	2.78	.000	2.50	.00			

SAN JOAQUIN COUNTY		SUMMARY OF SERVICES FOR CASH GRANT - AGED			AID CODE 10		----- MONTHLY AVERAGE -----		
58,600 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	1,301	3,648	\$ 69,472.43	\$ 19.04	.062	\$ 53.40	\$ 1.19		
DIAGNOSTIC AND ANC. PROCED	213	213	9,744.24	45.75	.004	45.75	.17		
EYE APPLIANCES	1,030	3,128	53,224.61	17.02	.053	51.67	.91		
OTHER OPTOMETRIC SERVICES	215	307	6,503.58	21.18	.005	30.25	.11		
@CHIROPRACTOR	24	43	\$ 627.13	\$ 14.58	.001	\$ 26.13	\$.01		
VISITS	12	20	326.75	16.34	.000	27.23	.01		
OTHER SERVICES	12	23	300.38	13.06	.000	25.03	.01		
@PODIATRIST	850	1,198	\$ 26,319.56	\$ 21.97	.020	\$ 30.96	\$.45		
MEDICINE/INJECTIONS	138	157	3,459.25	22.03	.003	25.07	.06		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00		
OTHER	717	1,039	22,825.71	21.97	.018	31.84	.39		
@HOME HEALTH AGENCY	5	46	\$ 3,300.32	\$ 71.75	.001	\$ 660.06	\$.06		
NURSE ANESTHESIST	66	152	\$ 1,979.08	\$ 13.02	.003	\$ 29.99	\$.03		
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00		
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
FAMILY NURSE PRACTITIONER	1	1	\$ 8.00	\$ 8.00	.000	\$ 8.00	\$.00		
@TOTAL HOSPITAL	3,259	16,715	\$ 3,047,266.01	\$ 182.31	.285	\$ 935.03	\$ 52.00		
HOSP INPATIENT TOTAL	722	5,382	2,810,876.95	522.27	.092	3893.18	47.97		
HSC HOSPITALS	408	2,815	2,518,787.10	894.77	.048	6173.50	42.98		
NON-HSC HOSPITAL TOTAL	37	138	63,645.66	461.20	.002	1720.15	1.09		
ACCOMMODATIONS	37	138	25,535.76	185.04	.002	690.16	.44		
ADMINISTRATIVE DAYS	30	121	21,175.38	175.00	.002	705.85	.36		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	7	17	4,360.38	256.49	.000	622.91	.07		
ANCILLARIES	37	0	38,109.90	.00	.000	1030.00	.65		
INPATIENT CROSSOVERS	299	2,429	228,444.19	94.05	.041	764.03	3.90		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	2,683	11,333	236,389.06	20.86	.193	88.11	4.03		
MEDICAL	125	161	7,388.63	45.89	.003	59.11	.13		
SURGERY	13	13	918.95	70.69	.000	70.69	.02		
PATHOLOGY	206	887	10,353.50	11.67	.015	50.26	.18		
RADIOLOGY	64	125	9,168.91	73.35	.002	143.26	.16		
ROOM USE	136	173	7,305.42	42.23	.003	53.72	.12		
CROSSOVERS/ALL OTH OUTPTNT	2,450	9,974	201,253.65	20.18	.170	82.14	3.43		
@COUNTY HOSPITAL TOTAL	341	1,908	\$ 759,442.31	\$ 398.03	.033	\$ 2227.10	\$ 12.96		
CO HOSPITAL INPATIENT TOTAL	120	1,030	736,843.88	715.38	.018	6140.37	12.57		
HSC HOSPITALS	99	794	709,668.69	893.79	.014	7168.37	12.11		
NON-HSC HOSPITALS TOTAL	12	47	11,965.25	254.58	.001	997.10	.20		
ACCOMMODATIONS	12	47	7,590.97	161.51	.001	632.58	.13		
ADMINISTRATIVE DAYS	12	47	7,590.97	161.51	.001	632.58	.13		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	12	0	4,374.28	.00	.000	364.52	.07		
INPATIENT CROSSOVERS	21	189	15,209.94	80.48	.003	724.28	.26		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
CO HOSP OUTPATIENT TOTAL	224	878	22,598.43	25.74	.015	100.89	.39		
MEDICAL	95	124	4,454.20	35.92	.002	46.89	.08		
SURGERY	3	3	210.12	70.04	.000	70.04	.00		
PATHOLOGY	72	277	3,291.62	11.88	.005	45.72	.06		

RADIOLOGY	30	32	2,517.12	78.66	.001	83.90	.04
ROOM USE	100	121	4,777.16	39.48	.002	47.77	.08
CROSSOVERS/ALL OTH OUTPTNT	125	321	7,348.21	22.89	.005	58.79	.13
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED						AID CODE 10
----- MONTHLY AVERAGE -----							
58,600 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,931	14,807	\$ 2,287,823.70	\$ 154.51	.253	\$ 780.56	\$ 39.04
COMM HOSP INPATIENT TOTAL	602	4,352	2,074,033.07	476.57	.074	3445.24	35.39
HSC HOSPITALS	309	2,021	1,809,118.41	895.16	.034	5854.75	30.87
NON-HSC HOSPITALS TOTAL	25	91	51,680.41	567.92	.002	2067.22	.88
ACCOMMODATIONS	25	91	17,944.79	197.20	.002	717.79	.31
ADMINISTRATIVE DAYS	18	74	13,584.41	183.57	.001	754.69	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	17	4,360.38	256.49	.000	622.91	.07
ANCILLARIES	25	0	33,735.62	.00	.000	1349.42	.58
INPATIENT CROSSOVERS	278	2,240	213,234.25	95.19	.038	767.03	3.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,470	10,455	213,790.63	20.45	.178	86.55	3.65
MEDICAL	30	37	2,934.43	79.31	.001	97.81	.05
SURGERY	10	10	708.83	70.88	.000	70.88	.01
PATHOLOGY	135	610	7,061.88	11.58	.010	52.31	.12
RADIOLOGY	35	93	6,651.79	71.52	.002	190.05	.11
ROOM USE	40	52	2,528.26	48.62	.001	63.21	.04
CROSSOVERS/ALL OTH OUTPTNT	2,331	9,653	193,905.44	20.09	.165	83.19	3.31
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,092	22,499	\$ 3,124,364.79	\$ 138.87	.384	\$ 2861.14	\$ 53.32
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	2	19	2,297.67	120.93	.000	1148.84	.04
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	6	117	65,191.80	557.19	.002	10865.30	1.11
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,089	22,363	3,056,875.32	136.69	.382	2807.05	52.17
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	246	313	\$ 140,066.19	\$ 447.50	.005	\$ 569.37	\$ 2.39
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	246	313	140,066.19	447.50	.005	569.37	2.39
@REHABILITATION FACILITY	2	10	\$ 150.88	\$ 15.09	.000	\$ 75.44	\$.00
HOSPITAL BASED	2	10	150.88	15.09	.000	75.44	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	416	1,123	\$ 11,393.21	\$ 10.15	.019	\$ 27.39	\$.19
PATHOLOGY	56	357	2,985.57	8.36	.006	53.31	.05
XO AND OTHERS	360	766	8,407.64	10.98	.013	23.35	.14
@ORGANIZED OUTPATIENT CLINIC	1,038	1,893	\$ 93,879.24	\$ 49.59	.032	\$ 90.44	\$ 1.60
CLINIC	18	257	4,864.25	18.93	.004	270.24	.08
SURGICENTER	49	164	15,129.47	92.25	.003	308.76	.26
HEROIN DETOX CLINIC	1	10	130.01	13.00	.000	130.01	.00
RURAL HEALTH CLINIC	970	1,462	73,755.51	50.45	.025	76.04	1.26
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SAN JOAQUIN COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - AGED

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01/17/03

58,600 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7,689	1,009,685	\$ 1,261,684.17	\$ 1.25	17.230	\$ 164.09	\$ 21.53
DURABLE MED. EQUIP.	245	551	43,860.37	79.60	.009	179.02	.75
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	77	92	31,914.79	346.90	.002	414.48	.54
MEDICAL TRANSPORTATION	1,631	51,079	258,580.06	5.06	.872	158.54	4.41
AMBULANCES/AIR TRANS	100	611	11,754.14	19.24	.010	117.54	.20
OTHER TRANS	548	39,625	156,550.18	3.95	.676	285.68	2.67
OTHER SERVICES	1,073	10,843	90,275.74	8.33	.185	84.13	1.54
ACUPUNCTURE	267	609	11,256.26	18.48	.010	42.16	.19
ADULT DAY HEALTH CARE CTR	173	2,542	168,950.67	66.46	.043	976.59	2.88
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	660	5,788	262,067.93	45.28	.099	397.07	4.47
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,444	3,422	47,285.55	13.82	.058	32.75	.81
PHYSICAL THERAPIST	1	9	54.22	6.02	.000	54.22	.00
PORTABLE X-RAY	17	31	122.90	3.96	.001	7.23	.00
PROSTHETIST/ORTHOTISTS	57	129	2,881.04	22.33	.002	50.54	.05
PROSTHETICS	54	123	2,667.60	21.69	.002	49.40	.05
ORTHOTICS	3	6	213.44	35.57	.000	71.15	.00
PSYCHOLOGIST	2	4	47.18	11.80	.000	23.59	.00
SPEECH AND AUDIOLOGY	346	783	50,550.76	64.56	.013	146.10	.86
HOSPICE SERVICES	31	752	94,581.58	125.77	.013	3051.02	1.61
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	9	122.42	13.60	.000	20.40	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,879	943,885	289,408.44	.31	16.107	74.61	4.94
@CALIF. CHILDREN SERVICES*	2	1,408	\$ 234.53	\$.17	.024	\$ 117.27	\$.00
@XOVER EXCLUDING STATE HOSP**	13,936	168,635	\$ 1,714,533.51	\$ 10.17	2.878	\$ 123.03	\$ 29.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

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6,239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,619	518,423	\$ 4,354,954.11	\$ 8.40	83.094	\$ 942.83	\$ 698.02
@PHYSICIANS SERVICES	1,717	5,921	\$ 211,967.71	\$ 35.80	.949	\$ 123.45	\$ 33.97
OUTPATIENT VISITS	835	1,254	44,359.16	35.37	.201	53.12	7.11
OFFICE VISITS	707	994	29,033.34	29.21	.159	41.07	4.65
HOME VISITS	25	27	1,003.50	37.17	.004	40.14	.16
EMERGENCY ROOM	139	177	11,882.84	67.13	.028	85.49	1.90
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	40	56	2,439.48	43.56	.009	60.99	.39
INPATIENT VISITS	145	754	33,689.78	44.68	.121	232.34	5.40
HOSPITAL VISITS	91	632	27,486.51	43.49	.101	302.05	4.41
CRITICAL CARE	10	19	2,713.98	142.84	.003	271.40	.44

SNF/ICF/TRANS IP CARE	56	103		3,489.29	33.88	.017	62.31	.56
OPHTHALMOLOGICAL SERVICES	66	75		3,095.73	41.28	.012	46.91	.50
EXAMINATIONS	66	75		3,095.73	41.28	.012	46.91	.50
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	38	177		18,734.49	105.84	.028	493.01	3.00
PRINCIPAL SURGEON	31	41		15,090.98	368.07	.007	486.81	2.42
ASSISTANT SURGEON	3	3		551.78	183.93	.000	183.93	.09
ANESTHESIOLOGIST	11	133		3,091.73	23.25	.021	281.07	.50
OUTPATIENT SURGERY	94	242		30,449.18	125.82	.039	323.93	4.88
PRINCIPAL SURGEON	73	91		26,130.92	287.15	.015	357.96	4.19
ASSISTANT SURGEON	1	1		244.60	244.60	.000	244.60	.04
ANESTHESIOLOGIST	27	150		4,073.66	27.16	.024	150.88	.65
DIALYSIS	60	233		17,796.60	76.38	.037	296.61	2.85
PATHOLOGY	122	224		1,506.50	6.73	.036	12.35	.24
RADIOLOGY	223	401		17,987.80	44.86	.064	80.66	2.88
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	52	110		1,662.81	15.12	.018	31.98	.27
OTHER SERVICES/ALL X-OVERS	776	2,451		42,685.66	17.42	.393	55.01	6.84
@PHARMACY	3,802	122,898	\$	1,269,135.30	\$ 10.33	19.698	\$ 333.81	\$ 203.42
PRESCRIPTION DRUGS	3,723	18,081		1,123,513.97	62.14	2.898	301.78	180.08
SNF/ICF	168	1,147		67,611.54	58.95	.184	402.45	10.84
OUTPATIENTS	3,571	16,934		1,055,902.43	62.35	2.714	295.69	169.24
MEDICAL SUPPLIES	746	104,817		145,621.33	1.39	16.800	195.20	23.34
@DENTIST	349	1,626	\$	56,541.48	\$ 34.77	.261	\$ 162.01	\$ 9.06
VISITS - DIAGNOSTIC	263	1,121		14,057.50	12.54	.180	53.45	2.25
ORAL SURGERY	62	130		6,538.00	50.29	.021	105.45	1.05
DRUGS	2	2		40.00	20.00	.000	20.00	.01
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.02
PERIODONTICS	33	43		7,010.00	163.02	.007	212.42	1.12
ENDODONTICS	10	12		3,245.00	270.42	.002	324.50	.52
RESTORATIVE DENTISTRY	77	215		15,729.00	73.16	.034	204.27	2.52
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.00

DENTURES, STAYPLATES	35	94	9,693.91	103.13	.015	276.97	1.55
SPACE MAINTAINERS	1	1	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	98.07	49.04	.000	49.04	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CASH GRANT - BLIND

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6,239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	104	312	\$ 7,910.24	\$ 25.35	.050	\$ 76.06	\$ 1.27
DIAGNOSTIC AND ANC. PROCED	38	38	1,777.59	46.78	.006	46.78	.28
EYE APPLIANCES	86	263	6,036.78	22.95	.042	70.20	.97
OTHER OPTOMETRIC SERVICES	7	11	95.87	8.72	.002	13.70	.02
@CHIROPRACTOR	8	11	\$ 183.02	\$ 16.64	.002	\$ 22.88	\$.03
VISITS	8	11	183.02	16.64	.002	22.88	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	134	203	\$ 5,571.33	\$ 27.44	.033	\$ 41.58	\$.89
MEDICINE/INJECTIONS	68	78	1,928.25	24.72	.013	28.36	.31
SURGERY/ANES.	1	1	42.44	42.44	.000	42.44	.01
RADIO./PATHOLOGY	3	3	33.75	11.25	.000	11.25	.01
OTHER	71	121	3,566.89	29.48	.019	50.24	.57
@HOME HEALTH AGENCY	76	5,570	\$ 176,249.66	\$ 31.64	.893	\$ 2319.07	\$ 28.25
NURSE ANESTHESIST	9	10	\$ 178.27	\$ 17.83	.002	\$ 19.81	\$.03
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	886	6,166	\$ 818,680.88	\$ 132.77	.988	\$ 924.02	\$ 131.22
HOSP INPATIENT TOTAL	123	968	698,834.33	721.94	.155	5681.58	112.01
HSC HOSPITALS	96	607	619,997.28	1021.41	.097	6458.31	99.37
NON-HSC HOSPITAL TOTAL	4	157	60,287.52	384.00	.025	15071.88	9.66
ACCOMMODATIONS	4	157	35,938.73	228.91	.025	8984.68	5.76
ADMINISTRATIVE DAYS	4	157	35,938.73	228.91	.025	8984.68	5.76
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	4	0	24,348.79	.00	.000	6087.20	3.90
INPATIENT CROSSOVERS	25	204	18,549.53	90.93	.033	741.98	2.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	826	5,198	119,846.55	23.06	.833	145.09	19.21
MEDICAL	186	242	9,320.24	38.51	.039	50.11	1.49
SURGERY	55	159	6,015.26	37.83	.025	109.37	.96
PATHOLOGY	411	2,354	29,290.72	12.44	.377	71.27	4.69
RADIOLOGY	129	187	13,166.06	70.41	.030	102.06	2.11
ROOM USE	309	453	18,432.62	40.69	.073	59.65	2.95
CROSSOVERS/ALL OTH OUTPTNT	374	1,803	43,621.65	24.19	.289	116.64	6.99
@COUNTY HOSPITAL TOTAL	195	2,039	\$ 216,699.51	\$ 106.28	.327	\$ 1111.28	\$ 34.73
CO HOSPITAL INPATIENT TOTAL	27	195	170,518.90	874.46	.031	6315.51	27.33
HSC HOSPITALS	25	167	169,122.79	1012.71	.027	6764.91	27.11
NON-HSC HOSPITALS TOTAL	0	0	227.89CR	.00	.000	.00	.04CR
ACCOMMODATIONS	0	0	227.89CR	.00	.000	.00	.04CR
ADMINISTRATIVE DAYS	0	0	227.89CR	.00	.000	.00	.04CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	2	28	1,624.00	58.00	.004	812.00	.26
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	179	1,844	46,180.61	25.04	.296	257.99	7.40
MEDICAL	99	131	5,757.09	43.95	.021	58.15	.92
SURGERY	21	120	3,193.37	26.61	.019	152.07	.51
PATHOLOGY	91	659	8,251.44	12.52	.106	90.68	1.32
RADIOLOGY	26	48	4,689.38	97.70	.008	180.36	.75
ROOM USE	112	150	6,361.10	42.41	.024	56.80	1.02
CROSSOVERS/ALL OTH OUTPTNT	75	736	17,928.23	24.36	.118	239.04	2.87

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SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

6,239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	724	4,127	\$ 601,981.37	\$ 145.86	.661	\$ 831.47	\$ 96.49
COMM HOSP INPATIENT TOTAL	98	773	528,315.43	683.46	.124	5390.97	84.68
HSC HOSPITALS	73	440	450,874.49	1024.71	.071	6176.36	72.27
NON-HSC HOSPITALS TOTAL	4	157	60,515.41	385.45	.025	15128.85	9.70
ACCOMMODATIONS	4	157	36,166.62	230.36	.025	9041.66	5.80
ADMINISTRATIVE DAYS	4	157	36,166.62	230.36	.025	9041.66	5.80
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	4	0	24,348.79	.00	.000	6087.20	3.90
INPATIENT CROSSOVERS	23	176	16,925.53	96.17	.028	735.89	2.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	673	3,354	73,665.94	21.96	.538	109.46	11.81
MEDICAL	91	111	3,563.15	32.10	.018	39.16	.57
SURGERY	36	39	2,821.89	72.36	.006	78.39	.45
PATHOLOGY	325	1,695	21,039.28	12.41	.272	64.74	3.37
RADIOLOGY	104	139	8,476.68	60.98	.022	81.51	1.36
ROOM USE	203	303	12,071.52	39.84	.049	59.47	1.93
CROSSOVERS/ALL OTH OUTPTNT	302	1,067	25,693.42	24.08	.171	85.08	4.12
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	137	3,210	\$ 516,342.50	\$ 160.85	.515	\$ 3768.92	\$ 82.76
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	4	101	12,213.93	120.93	.016	3053.48	1.96
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	6	200	116,014.00	580.07	.032	19335.67	18.59
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	127	2,909	388,114.57	133.42	.466	3056.02	62.21
@INTERMEDIATE CARE FACIL.-DD	75	2,335	\$ 373,748.70	\$ 160.06	.374	\$ 4983.32	\$ 59.91
ICF DDH	27	879	130,225.41	148.15	.141	4823.16	20.87
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	48	1,456	243,523.29	167.26	.233	5073.40	39.03
@HEMODIALYSIS TOTAL	189	2,978	\$ 301,754.87	\$ 101.33	.477	\$ 1596.59	\$ 48.37
HOSPITAL BASED	24	198	103,016.47	520.29	.032	4292.35	16.51
HEMODIALYSIS CENTER	165	2,780	198,738.40	71.49	.446	1204.48	31.85
@REHABILITATION FACILITY	50	240	\$ 4,828.35	\$ 20.12	.038	\$ 96.57	\$.77
HOSPITAL BASED	8	45	1,136.08	25.25	.007	142.01	.18
INDEPENDENT FACILITY	43	195	3,692.27	18.93	.031	85.87	.59
@LABORATORY FACILITY	108	635	\$ 4,592.10	\$ 7.23	.102	\$ 42.52	\$.74
PATHOLOGY	86	583	4,162.77	7.14	.093	48.40	.67
XO AND OTHERS	22	52	429.33	8.26	.008	19.52	.07

UNORGANIZED OUTPATIENT CLINIC	177	395	\$	27,227.70	\$	68.93	.063	\$	153.83	\$	4.36
CLINIC	21	53		3,510.93		66.24	.008		167.19		.56
SURGICENTER	17	128		7,840.46		61.25	.021		461.20		1.26
HEROIN DETOX CLINIC	1	36		371.61		10.32	.006		371.61		.06
RURAL HEALTH CLINIC	138	178		15,504.70		87.11	.029		112.35		2.49

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SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

6,239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,206	365,913	\$ 580,042.00	\$ 1.59	58.649	\$ 480.96	\$ 92.97
DURABLE MED. EQUIP.	98	290	69,636.25	240.13	.046	710.57	11.16
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	10	1,213.52	121.35	.002	151.69	.19
MEDICAL TRANSPORTATION	359	30,553	124,200.74	4.07	4.897	345.96	19.91
AMBULANCES/AIR TRANS	81	879	15,058.68	17.13	.141	185.91	2.41
OTHER TRANS	179	28,718	98,485.11	3.43	4.603	550.20	15.79
OTHER SERVICES	115	956	10,656.95	11.15	.153	92.67	1.71
ACUPUNCTURE	36	65	1,173.21	18.05	.010	32.59	.19
ADULT DAY HEALTH CARE CTR	26	500	33,393.66	66.79	.080	1284.37	5.35
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	88	10,144	231,071.79	22.78	1.626	2625.82	37.04
OCCUPATIONAL THERAPIST	2	6	137.84	22.97	.001	68.92	.02
OPTICIAN	123	293	7,905.15	26.98	.047	64.27	1.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	9	24	466.04	19.42	.004	51.78	.07
PROSTHETIST/ORTHOTISTS	10	73	8,982.96	123.05	.012	898.30	1.44
PROSTHETICS	10	73	8,982.96	123.05	.012	898.30	1.44
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	12	97.28	8.11	.002	48.64	.02
SPEECH AND AUDIOLOGY	41	128	5,402.45	42.21	.021	131.77	.87
HOSPICE SERVICES	4	140	15,949.50	113.93	.022	3987.38	2.56
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	77	1,247	7,484.53	6.00	.200	97.20	1.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	544	322,428	72,927.08	.23	51.679	134.06	11.69
@CALIF. CHILDREN SERVICES*	238	59,248	\$ 285,421.96	\$ 4.82	9.496	\$ 1199.25	\$ 45.75
@XOVER EXCLUDING STATE HOSP**	1,003	27,931	\$ 225,952.39	\$ 8.09	4.477	\$ 225.28	\$ 36.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,561
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208,547 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	165,259	9,553,431	\$ 107,479,949.04	\$ 11.25	45.809	\$ 650.37	\$ 515.38
@PHYSICIANS SERVICES	62,460	199,622	\$ 7,032,439.65	\$ 35.23	.957	\$ 112.59	\$ 33.72
OUTPATIENT VISITS	40,345	59,592	1,967,310.87	33.01	.286	48.76	9.43
OFFICE VISITS	34,195	47,711	1,362,860.75	28.56	.229	39.86	6.54
HOME VISITS	626	699	27,826.92	39.81	.003	44.45	.13
EMERGENCY ROOM	6,774	8,870	486,433.93	54.84	.043	71.81	2.33

PREVENTIVE CARE	7	6	291.37	48.56	.000	41.62	.00
OB VISITS/COMPRE PERI	231	847	32,611.52	38.50	.004	141.18	.16
OTHER OUTPATIENT	1,195	1,459	57,286.38	39.26	.007	47.94	.27
INPATIENT VISITS	4,100	20,183	980,840.21	48.60	.097	239.23	4.70
HOSPITAL VISITS	2,775	16,400	737,107.98	44.95	.079	265.62	3.53
CRITICAL CARE	250	1,231	156,218.55	126.90	.006	624.87	.75
SNF/ICF/TRANS IP CARE	1,377	2,552	87,513.68	34.29	.012	63.55	.42
OPHTHALMOLOGICAL SERVICES	1,121	1,216	54,666.68	44.96	.006	48.77	.26
EXAMINATIONS	1,114	1,209	54,491.68	45.07	.006	48.92	.26
SERVICES AND MATERIALS	7	7	175.00	25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	1,401	7,757	738,987.07	95.27	.037	527.47	3.54
PRINCIPAL SURGEON	1,026	1,468	561,269.01	382.34	.007	547.05	2.69
ASSISTANT SURGEON	128	140	27,616.85	197.26	.001	215.76	.13
ANESTHESIOLOGIST	538	6,149	150,101.21	24.41	.029	279.00	.72
OUTPATIENT SURGERY	3,127	6,929	694,195.65	100.19	.033	222.00	3.33
PRINCIPAL SURGEON	2,683	3,468	587,673.44	169.46	.017	219.04	2.82
ASSISTANT SURGEON	30	30	5,337.67	177.92	.000	177.92	.03
ANESTHESIOLOGIST	694	3,431	101,184.54	29.49	.016	145.80	.49
DIALYSIS	604	2,004	167,988.62	83.83	.010	278.13	.81
PATHOLOGY	5,860	11,023	108,857.02	9.88	.053	18.58	.52
RADIOLOGY	9,063	17,171	822,044.41	47.87	.082	90.70	3.94
PSYCHIATRY	5	11	515.43	46.86	.000	103.09	.00
IMMUNIZATION AND INJECTION	2,352	7,081	242,824.23	34.29	.034	103.24	1.16
OTHER SERVICES/ALL X-OVERS	20,799	66,655	1,254,209.46	18.82	.320	60.30	6.01
@PHARMACY	133,444	1,524,377	\$ 42,902,424.58	\$ 28.14	7.310	\$ 321.50	\$ 205.72
PRESCRIPTION DRUGS	131,960	596,712	40,418,720.23	67.74	2.861	306.30	193.81
SNF/ICF	3,045	19,914	1,548,488.09	77.76	.095	508.53	7.43
OUTPATIENTS	129,220	576,798	38,870,232.14	67.39	2.766	300.81	186.39
MEDICAL SUPPLIES	13,185	927,665	2,483,704.35	2.68	4.448	188.37	11.91
@DENTIST	15,838	82,161	\$ 3,104,403.41	\$ 37.78	.394	\$ 196.01	\$ 14.89
VISITS - DIAGNOSTIC	11,200	54,642	678,585.01	12.42	.262	60.59	3.25
ORAL SURGERY	2,580	6,134	310,387.61	50.60	.029	120.31	1.49
DRUGS	117	129	2,045.00	15.85	.001	17.48	.01
ANESTHESIA	103	105	8,575.00	81.67	.001	83.25	.04
PERIODONTICS	1,291	1,505	229,868.00	152.74	.007	178.05	1.10
ENDODONTICS	890	1,234	254,011.50	205.84	.006	285.41	1.22
RESTORATIVE DENTISTRY	4,618	13,611	1,047,420.75	76.95	.065	226.81	5.02
PROSTHETICS	139	159	6,342.50	39.89	.001	45.63	.03
DENTURES, STAYPLATES	1,590	4,208	537,345.04	127.70	.020	337.95	2.58
SPACE MAINTAINERS	9	12	1,142.00	95.17	.000	126.89	.01
MAXILLOFACIAL SERVICES	47	52	4,906.71	94.36	.000	104.40	.02
FRACTURES, DISLOCATIONS	1	1	375.00	375.00	.000	375.00	.00
ORTHODONTIC SERVICES	217	284	23,099.29	81.34	.001	106.45	.11
ALL OTHER SERVICES	57	85	300.00	3.53	.000	5.26	.00
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						

						----- MONTHLY AVERAGE -----			
208,547 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	5,304	15,826	\$	337,558.13	\$ 21.33	.076	\$ 63.64	\$	1.62
DIAGNOSTIC AND ANC. PROCED	2,452	2,473		114,546.88	46.32	.012	46.72		.55
EYE APPLIANCES	4,301	12,992		215,182.82	16.56	.062	50.03		1.03
OTHER OPTOMETRIC SERVICES	272	361		7,828.43	21.69	.002	28.78		.04
@CHIROPRACTOR	573	1,077	\$	17,446.21	\$ 16.20	.005	\$ 30.45	\$	.08
VISITS	529	1,009		16,529.71	16.38	.005	31.25		.08

OTHER SERVICES	44	68		916.50		13.48	.000	20.83		.00
@PODIATRIST	3,287	5,063	\$	137,960.41	\$	27.25	.024	\$ 41.97	\$	.66
MEDICINE/INJECTIONS	2,078	2,375		57,524.48		24.22	.011	27.68		.28
SURGERY/ANES.	96	126		7,576.35		60.13	.001	78.92		.04
RADIO./PATHOLOGY	80	98		1,473.28		15.03	.000	18.42		.01
OTHER	1,293	2,464		71,386.30		28.97	.012	55.21		.34
@HOME HEALTH AGENCY	941	50,951	\$	1,796,017.83	\$	35.25	.244	\$ 1908.63	\$	8.61
NURSE ANESTHESIST	137	302	\$	3,194.31	\$	10.58	.001	\$ 23.32	\$	.02
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	28	46	\$	1,398.89	\$	30.41	.000	\$ 49.96	\$	.01
@TOTAL HOSPITAL	34,520	215,274	\$	24,447,542.16	\$	113.56	1.032	\$ 708.21	\$	117.23
HOSP INPATIENT TOTAL	3,279	23,815		19,697,033.63		827.09	.114	6007.02		94.45
HSC HOSPITALS	2,664	17,242		18,224,031.38		1056.96	.083	6840.85		87.39
NON-HSC HOSPITAL TOTAL	151	1,943		1,021,521.66		525.74	.009	6765.04		4.90
ACCOMMODATIONS	151	1,943		521,782.26		268.54	.009	3455.51		2.50
ADMINISTRATIVE DAYS	107	1,751		400,642.61		228.81	.008	3744.32		1.92
TRANSITIONAL IP CARE	0	0		201.16		.00	.000	.00		.00
ALL OTHER ACCOM	44	192		120,938.49		629.89	.001	2748.60		.58
ANCILLARIES	149	0		499,739.40		.00	.000	3353.96		2.40
INPATIENT CROSSOVERS	533	4,630		451,480.59		97.51	.022	847.06		2.16
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	32,874	191,459		4,750,508.53		24.81	.918	144.51		22.78
MEDICAL	9,624	15,240		682,157.84		44.76	.073	70.88		3.27
SURGERY	1,628	2,251		131,763.66		58.54	.011	80.94		.63
PATHOLOGY	17,746	87,312		1,065,440.25		12.20	.419	60.04		5.11
RADIOLOGY	6,186	10,200		861,581.97		84.47	.049	139.28		4.13
ROOM USE	15,738	24,625		1,002,025.45		40.69	.118	63.67		4.80
CROSSOVERS/ALL OTH OUTPTNT	12,476	51,831		1,007,539.36		19.44	.249	80.76		4.83
@COUNTY HOSPITAL TOTAL	11,520	71,463	\$	7,291,529.68	\$	102.03	.343	\$ 632.95	\$	34.96
CO HOSPITAL INPATIENT TOTAL	817	6,409		5,458,171.37		851.64	.031	6680.75		26.17
HSC HOSPITALS	761	4,831		5,049,544.03		1045.24	.023	6635.41		24.21

NON-HSC HOSPITALS TOTAL	33	1,102	364,207.72	330.50	.005	11036.60	1.75
ACCOMMODATIONS	33	1,102	252,262.43	228.91	.005	7644.32	1.21
ADMINISTRATIVE DAYS	33	1,102	252,237.46	228.89	.005	7643.56	1.21
TRANSITIONAL IP CARE	0	0	24.97	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	33	0	111,945.29	.00	.000	3392.28	.54
INPATIENT CROSSOVERS	46	476	44,419.62	93.32	.002	965.64	.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11,147	65,054	1,833,358.31	28.18	.312	164.47	8.79
MEDICAL	6,457	10,321	392,133.64	37.99	.049	60.73	1.88
SURGERY	624	1,101	51,669.54	46.93	.005	82.80	.25
PATHOLOGY	6,102	28,935	360,237.65	12.45	.139	59.04	1.73
RADIOLOGY	2,003	2,827	248,679.34	87.97	.014	124.15	1.19
ROOM USE	7,632	11,865	466,269.28	39.30	.057	61.09	2.24
CROSSOVERS/ALL OTH OUTPTNT	3,302	10,005	314,368.86	31.42	.048	95.21	1.51
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				AID CODE 60			

		----- MONTHLY AVERAGE -----						
208,547 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	24,765	143,811	\$ 17,156,012.48	\$ 119.30	.690	\$ 692.75	\$ 82.26	
COMM HOSP INPATIENT TOTAL	2,509	17,406	14,238,862.26	818.04	.083	5675.11	68.28	
HSC HOSPITALS	1,949	12,411	13,174,487.35	1061.52	.060	6759.61	63.17	
NON-HSC HOSPITALS TOTAL	118	841	657,313.94	781.59	.004	5570.46	3.15	
ACCOMMODATIONS	118	841	269,519.83	320.48	.004	2284.07	1.29	
ADMINISTRATIVE DAYS	74	649	148,405.15	228.67	.003	2005.48	.71	
TRANSITIONAL IP CARE	0	0	176.19	.00	.000	.00	.00	
ALL OTHER ACCOM	44	192	120,938.49	629.89	.001	2748.60	.58	
ANCILLARIES	116	0	387,794.11	.00	.000	3343.05	1.86	
INPATIENT CROSSOVERS	487	4,154	407,060.97	97.99	.020	835.85	1.95	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	23,294	126,405	2,917,150.22	23.08	.606	125.23	13.99	
MEDICAL	3,378	4,919	290,024.20	58.96	.024	85.86	1.39	
SURGERY	1,016	1,150	80,094.12	69.65	.006	78.83	.38	
PATHOLOGY	12,137	58,377	705,202.60	12.08	.280	58.10	3.38	
RADIOLOGY	4,322	7,373	612,902.63	83.13	.035	141.81	2.94	
ROOM USE	8,813	12,760	535,756.17	41.99	.061	60.79	2.57	
CROSSOVERS/ALL OTH OUTPTNT	9,381	41,826	693,170.50	16.57	.201	73.89	3.32	
@STATE HOSPITAL	26	755	\$ 453,053.26	\$ 600.07	.004	\$ 17425.13	\$ 2.17	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	26	755	453,053.26	600.07	.004	17425.13	2.17	
@NURSING FACILITY	2,531	68,211	\$ 10,933,687.27	\$ 160.29	.327	\$ 4319.91	\$ 52.43	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	345	10,597	1,279,993.04	120.79	.051	3710.12	6.14	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	186	5,790	3,172,264.78	547.89	.028	17055.19	15.21	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	2,002	51,824	6,481,429.45	125.07	.249	3237.48	31.08	
@INTERMEDIATE CARE FACIL.-DD	929	28,892	\$ 4,612,715.20	\$ 159.65	.139	\$ 4965.25	\$ 22.12	
ICF DDH	537	17,034	2,531,425.85	148.61	.082	4714.01	12.14	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	392	11,858	2,081,289.35	175.52	.057	5309.41	9.98	
@HEMODIALYSIS TOTAL	1,504	41,692	\$ 2,440,068.27	\$ 58.53	.200	\$ 1622.39	\$ 11.70	
HOSPITAL BASED	113	851	528,004.00	620.45	.004	4672.60	2.53	
HEMODIALYSIS CENTER	1,393	40,841	1,912,064.27	46.82	.196	1372.62	9.17	

@REHABILITATION FACILITY	825	6,550	\$	130,331.10	\$	19.90	.031	\$	157.98	\$	.62
HOSPITAL BASED	275	1,706		36,434.48		21.36	.008		132.49		.17
INDEPENDENT FACILITY	554	4,844		93,896.62		19.38	.023		169.49		.45
@LABORATORY FACILITY	3,825	21,076	\$	203,792.16	\$	9.67	.101	\$	53.28	\$	.98
PATHOLOGY	3,463	20,200		196,027.37		9.70	.097		56.61		.94
XO AND OTHERS	362	876		7,764.79		8.86	.004		21.45		.04
@ORGANIZED OUTPATIENT CLINIC	7,433	16,322	\$	972,731.49	\$	59.60	.078	\$	130.87	\$	4.66
CLINIC	1,019	4,828		106,549.00		22.07	.023		104.56		.51
SURGICENTER	233	1,307		86,829.22		66.43	.006		372.66		.42
HEROIN DETOX CLINIC	148	1,836		21,015.44		11.45	.009		142.00		.10
RURAL HEALTH CLINIC	6,102	8,351		758,337.83		90.81	.040		124.28		3.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 11,564
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						----- MONTHLY AVERAGE -----			
208,547 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	30,543	7,275,234	\$ 7,953,184.71	\$ 1.09	34.885	\$ 260.39	\$ 38.14		
DURABLE MED. EQUIP.	2,773	12,581	1,752,266.65	139.28	.060	631.90	8.40		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	122	179	58,130.84	324.75	.001	476.48	.28		
MEDICAL TRANSPORTATION	6,630	242,864	1,441,109.30	5.93	1.165	217.36	6.91		
AMBULANCES/AIR TRANS	3,156	27,507	538,772.57	19.59	.132	170.71	2.58		
OTHER TRANS	1,806	195,211	710,836.31	3.64	.936	393.60	3.41		
OTHER SERVICES	1,961	20,146	191,500.42	9.51	.097	97.65	.92		
ACUPUNCTURE	1,048	2,064	38,869.58	18.83	.010	37.09	.19		
ADULT DAY HEALTH CARE CTR	653	9,777	653,066.85	66.80	.047	1000.10	3.13		
GENETIC DISEASE TESTING	92	94	8,291.00	88.20	.000	90.12	.04		
IHMC, MODEL-NF, NF, AIDS, MSSP	944	47,776	1,440,654.70	30.15	.229	1526.12	6.91		
OCCUPATIONAL THERAPIST	55	872	4,884.16	5.60	.004	88.80	.02		
OPTICIAN	5,865	13,777	174,929.14	12.70	.066	29.83	.84		
PHYSICAL THERAPIST	10	348	1,638.86	4.71	.002	163.89	.01		
PORTABLE X-RAY	156	379	7,565.55	19.96	.002	48.50	.04		
PROSTHETIST/ORTHOTISTS	378	1,213	113,704.83	93.74	.006	300.81	.55		
PROSTHETICS	356	1,183	112,492.86	95.09	.006	315.99	.54		
ORTHOTICS	22	30	1,211.97	40.40	.000	55.09	.01		
PSYCHOLOGIST	8	35	635.98	18.17	.000	79.50	.00		
SPEECH AND AUDIOLOGY	666	1,807	98,527.86	54.53	.009	147.94	.47		
HOSPICE SERVICES	91	2,411	321,873.76	133.50	.012	3537.07	1.54		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	4,730	33,308	337,257.52	10.13	.160	71.30	1.62		
EPSDT SUPPLEMENTAL SERVICE	12	2,776	68,576.12	24.70	.013	5714.68	.33		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	10,316	6,902,973	1,431,202.01	.21	33.100	138.74	6.86		
@CALIF. CHILDREN SERVICES*	4,177	337,786	\$ 7,197,560.96	\$ 21.31	1.620	\$ 1723.14	\$ 34.51		
@XOVER EXCLUDING STATE HOSP**	21,954	255,730	\$ 3,097,247.19	\$ 12.11	1.226	\$ 141.08	\$ 14.85		

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 11,565
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

57,081 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	74,548	425,735	\$	15,407,827.41	\$	36.19	7.458	\$	206.68	\$	269.93
@PHYSICIANS SERVICES	9,128	23,829	\$	1,361,423.53	\$	57.13	.417	\$	149.15	\$	23.85
OUTPATIENT VISITS	6,894	9,441		350,921.82		37.17	.165		50.90		6.15
OFFICE VISITS	4,589	5,879		197,129.95		33.53	.103		42.96		3.45
HOME VISITS	45	62		2,685.06		43.31	.001		59.67		.05
EMERGENCY ROOM	1,616	1,763		82,458.90		46.77	.031		51.03		1.44
PREVENTIVE CARE	33	34		1,399.93		41.17	.001		42.42		.02
OB VISITS/COMPRE PERI	337	913		42,990.74		47.09	.016		127.57		.75
OTHER OUTPATIENT	645	790		24,257.24		30.71	.014		37.61		.42
INPATIENT VISITS	689	3,889		429,652.82		110.48	.068		623.59		7.53
HOSPITAL VISITS	536	1,734		91,726.29		52.90	.030		171.13		1.61
CRITICAL CARE	223	2,153		337,848.73		156.92	.038		1515.02		5.92
SNF/ICF/TRANS IP CARE	2	2		77.80		38.90	.000		38.90		.00
OPHTHALMOLOGICAL SERVICES	184	232		11,280.87		48.62	.004		61.31		.20
EXAMINATIONS	177	225		11,120.87		49.43	.004		62.83		.19
SERVICES AND MATERIALS	7	7		160.00		22.86	.000		22.86		.00
INPATIENT HOSPITAL SURGERY	365	1,834		228,310.48		124.49	.032		625.51		4.00
PRINCIPAL SURGEON	254	354		177,960.20		502.71	.006		700.63		3.12
ASSISTANT SURGEON	38	38		8,260.57		217.38	.001		217.38		.14
ANESTHESIOLOGIST	141	1,442		42,089.71		29.19	.025		298.51		.74
OUTPATIENT SURGERY	582	1,262		112,016.45		88.76	.022		192.47		1.96
PRINCIPAL SURGEON	509	647		92,496.25		142.96	.011		181.72		1.62
ASSISTANT SURGEON	9	9		1,409.76		156.64	.000		156.64		.02
ANESTHESIOLOGIST	150	606		18,110.44		29.89	.011		120.74		.32
DIALYSIS	4	6		645.23		107.54	.000		161.31		.01
PATHOLOGY	708	1,337		13,401.24		10.02	.023		18.93		.23
RADIOLOGY	1,257	2,076		78,399.07		37.76	.036		62.37		1.37
PSYCHIATRY	10	21		708.01		33.71	.000		70.80		.01
IMMUNIZATION AND INJECTION	175	327		22,246.73		68.03	.006		127.12		.39
OTHER SERVICES/ALL X-OVERS	1,196	3,404		113,840.81		33.44	.060		95.18		1.99
@PHARMACY	10,668	30,026	\$	1,735,815.82	\$	57.81	.526	\$	162.71	\$	30.41
PRESCRIPTION DRUGS	10,529	23,335		1,438,675.36		61.65	.409		136.64		25.20
SNF/ICF	7	71		4,737.74		66.73	.001		676.82		.08
OUTPATIENTS	10,523	23,264		1,433,937.62		61.64	.408		136.27		25.12
MEDICAL SUPPLIES	347	6,691		297,140.46		44.41	.117		856.31		5.21
@DENTIST	25,713	161,470	\$	4,624,969.55	\$	28.64	2.829	\$	179.87	\$	81.02
VISITS - DIAGNOSTIC	19,514	109,879		1,421,884.27		12.94	1.925		72.86		24.91
ORAL SURGERY	4,473	8,658		446,707.78		51.59	.152		99.87		7.83
DRUGS	586	688		14,687.50		21.35	.012		25.06		.26
ANESTHESIA	163	168		15,050.00		89.58	.003		92.33		.26
PERIODONTICS	871	1,001		120,470.25		120.35	.018		138.31		2.11
ENDODONTICS	2,216	3,635		440,823.25		121.27	.064		198.93		7.72
RESTORATIVE DENTISTRY	9,977	34,148		1,896,469.20		55.54	.598		190.08		33.22
PROSTHETICS	81	85		1,880.00		22.12	.001		23.21		.03
DENTURES, STAYPLATES	295	1,135		104,130.00		91.74	.020		352.98		1.82
SPACE MAINTAINERS	186	225		26,449.00		117.55	.004		142.20		.46
MAXILLOFACIAL SERVICES	112	115		9,124.25		79.34	.002		81.47		.16
FRACTURES, DISLOCATIONS	2	3		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1,166	1,589		126,034.05		79.32	.028		108.09		2.21
ALL OTHER SERVICES	105	141		1,260.00		8.94	.002		12.00		.02

#CALIF DEPT OF HEALTH SERV MOP024 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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----- MONTHLY AVERAGE -----

57,081 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@OPTOMETRIST	584	1,620	\$	38,279.25	\$	23.63	.028	\$	65.55	\$.67
DIAGNOSTIC AND ANC. PROCED	442	449		20,751.05		46.22	.008		46.95		.36
EYE APPLIANCES	407	1,166		17,254.44		14.80	.020		42.39		.30
OTHER OPTOMETRIC SERVICES	4	5		273.76		54.75	.000		68.44		.00
@CHIROPRACTOR	441	760	\$	12,455.89	\$	16.39	.013	\$	28.24	\$	.22
VISITS	441	760		12,455.89		16.39	.013		28.24		.22
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	37	56	\$	2,322.49	\$	41.47	.001	\$	62.77	\$	.04
MEDICINE/INJECTIONS	32	38		1,285.06		33.82	.001		40.16		.02
SURGERY/ANES.	6	8		596.25		74.53	.000		99.38		.01
RADIO./PATHOLOGY	4	5		74.40		14.88	.000		18.60		.00
OTHER	2	5		366.78		73.36	.000		183.39		.01
@HOME HEALTH AGENCY	50	4,953	\$	153,947.47	\$	31.08	.087	\$	3078.95	\$	2.70
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	28	41	\$	1,408.15	\$	34.35	.001	\$	50.29	\$	.02
@TOTAL HOSPITAL	6,078	23,037	\$	5,686,420.85	\$	246.84	.404	\$	935.57	\$	99.62
HOSP INPATIENT TOTAL	692	4,318		5,039,019.83		1166.98	.076		7281.82		88.28
HSC HOSPITALS	684	4,276		5,006,131.76		1170.75	.075		7318.91		87.70
NON-HSC HOSPITAL TOTAL	8	29		32,689.57		1127.23	.001		4086.20		.57
ACCOMMODATIONS	8	29		12,038.27		415.11	.001		1504.78		.21
ADMINISTRATIVE DAYS	1	13		2,674.67		205.74	.000		2674.67		.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	16		9,363.60		585.23	.000		1337.66		.16
ANCILLARIES	8	0		20,651.30		.00	.000		2581.41		.36
INPATIENT CROSSOVERS	1	13		198.50		15.27	.000		198.50		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,596	18,719		647,401.02		34.59	.328		115.69		11.34
MEDICAL	1,204	1,514		80,987.05		53.49	.027		67.26		1.42
SURGERY	319	367		20,830.28		56.76	.006		65.30		.36
PATHOLOGY	2,219	7,956		94,839.09		11.92	.139		42.74		1.66
RADIOLOGY	981	1,248		83,574.37		66.97	.022		85.19		1.46
ROOM USE	3,212	4,147		169,476.20		40.87	.073		52.76		2.97
CROSSOVERS/ALL OTH OUTPTNT	2,023	3,487		197,694.03		56.69	.061		97.72		3.46
@COUNTY HOSPITAL TOTAL	1,759	6,872	\$	2,092,731.97	\$	304.53	.120	\$	1189.73	\$	36.66
CO HOSPITAL INPATIENT TOTAL	257	1,723		1,836,405.86		1065.82	.030		7145.55		32.17
HSC HOSPITALS	257	1,723		1,836,398.79		1065.81	.030		7145.52		32.17
NON-HSC HOSPITALS TOTAL	0	0		7.07		.00	.000		.00		.00
ACCOMMODATIONS	0	0		7.07		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		7.07		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

57,081 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,479	16,165	\$ 3,593,688.88	\$ 222.31	.283	\$ 802.34	\$ 62.96
COMM HOSP INPATIENT TOTAL	441	2,595	3,202,613.97	1234.15	.045	7262.16	56.11
HSC HOSPITALS	433	2,553	3,169,732.97	1241.57	.045	7320.40	55.53
NON-HSC HOSPITALS TOTAL	8	29	32,682.50	1126.98	.001	4085.31	.57
ACCOMMODATIONS	8	29	12,031.20	414.87	.001	1503.90	.21
ADMINISTRATIVE DAYS	1	13	2,667.60	205.20	.000	2667.60	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	16	9,363.60	585.23	.000	1337.66	.16
ANCILLARIES	8	0	20,651.30	.00	.000	2581.41	.36
INPATIENT CROSSOVERS	1	13	198.50	15.27	.000	198.50	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,134	13,570	391,074.91	28.82	.238	94.60	6.85
MEDICAL	667	798	47,279.25	59.25	.014	70.88	.83
SURGERY	224	233	12,806.04	54.96	.004	57.17	.22
PATHOLOGY	1,784	6,392	74,140.40	11.60	.112	41.56	1.30
RADIOLOGY	708	861	52,286.64	60.73	.015	73.85	.92
ROOM USE	2,363	2,909	118,773.04	40.83	.051	50.26	2.08
CROSSOVERS/ALL OTH OUTPTNT	1,269	2,377	85,789.54	36.09	.042	67.60	1.50
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	151	\$ 21,547.51	\$ 142.70	.003	\$ 4309.50	\$.38
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	151	21,547.51	142.70	.003	4309.50	.38
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	105	547	\$ 13,131.92	\$ 24.01	.010	\$ 125.07	\$.23
HOSPITAL BASED	37	83	3,850.66	46.39	.001	104.07	.07
INDEPENDENT FACILITY	70	464	9,281.26	20.00	.008	132.59	.16
@LABORATORY FACILITY	550	1,892	\$ 25,045.65	\$ 13.24	.033	\$ 45.54	\$.44
PATHOLOGY	550	1,892	25,045.65	13.24	.033	45.54	.44
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7,803	11,654	\$ 780,671.23	\$ 66.99	.204	\$ 100.05	\$ 13.68
CLINIC	474	1,769	40,551.28	22.92	.031	85.55	.71
SURGICENTER	22	112	4,064.66	36.29	.002	184.76	.07
HEROIN DETOX CLINIC	36	475	5,527.39	11.64	.008	153.54	.10
RURAL HEALTH CLINIC	7,296	9,298	730,527.90	78.57	.163	100.13	12.80
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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					----- MONTHLY AVERAGE -----			
57,081 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	26,127	165,699	\$ 950,388.10	\$ 5.74	2.903	\$ 36.38	\$ 16.65	
DURABLE MED. EQUIP.	201	399	52,392.94	131.31	.007	260.66	.92	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	8	15	4,883.43	325.56	.000	610.43	.09	
MEDICAL TRANSPORTATION	306	5,693	123,881.82	21.76	.100	404.84	2.17	
AMBULANCES/AIR TRANS	297	5,216	80,268.85	15.39	.091	270.27	1.41	
OTHER TRANS	4	438	810.61	1.85	.008	202.65	.01	
OTHER SERVICES	26	39	42,802.36	1097.50	.001	1646.24	.75	
ACUPUNCTURE	181	324	6,206.56	19.16	.006	34.29	.11	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	531	535	43,497.75	81.30	.009	81.92	.76	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	2	10	206.00	20.60	.000	103.00	.00	
OPTICIAN	3,900	8,395	76,930.37	9.16	.147	19.73	1.35	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	16	26	3,530.40	135.78	.000	220.65	.06	
PROSTHETICS	13	22	3,333.21	151.51	.000	256.40	.06	
ORTHOTICS	3	4	197.19	49.30	.000	65.73	.00	
PSYCHOLOGIST	24	112	6,486.54	57.92	.002	270.27	.11	
SPEECH AND AUDIOLOGY	32	93	9,876.11	106.19	.002	308.63	.17	
HOSPICE SERVICES	1	30	3,820.20	127.34	.001	3820.20	.07	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	21,065	59,628	599,867.45	10.06	1.045	28.48	10.51	
EPSDT SUPPLEMENTAL SERVICE	7	27	2,237.61	82.87	.000	319.66	.04	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	92	90,412	16,570.92	.18	1.584	180.12	.29	
@CALIF. CHILDREN SERVICES*	2,023	65,507	\$ 4,610,905.89	\$ 70.39	1.148	\$ 2279.24	\$ 80.78	
@XOVER EXCLUDING STATE HOSP**	9	36	\$ 2,925.12	\$ 81.25	.001	\$ 325.01	\$.05	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

						----- MONTHLY AVERAGE -----			
330,467 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	284,257	12,022,350	\$	143,957,440.30	\$ 11.97	36.380	\$ 506.43	\$ 435.62	
@PHYSICIANS SERVICES	82,182	257,585	\$	9,049,364.14	\$ 35.13	.779	\$ 110.11	\$ 27.38	
OUTPATIENT VISITS	48,497	70,864		2,381,930.72	33.61	.214	49.12	7.21	
OFFICE VISITS	39,890	55,113		1,605,241.82	29.13	.167	40.24	4.86	
HOME VISITS	696	788		31,515.48	39.99	.002	45.28	.10	
EMERGENCY ROOM	8,569	10,856		583,825.34	53.78	.033	68.13	1.77	
PREVENTIVE CARE	40	40		1,691.30	42.28	.000	42.28	.01	
OB VISITS/COMPRE PERI	568	1,760		75,602.26	42.96	.005	133.10	.23	
OTHER OUTPATIENT	1,882	2,307		84,054.52	36.43	.007	44.66	.25	
INPATIENT VISITS	4,975	24,984		1,450,763.90	58.07	.076	291.61	4.39	
HOSPITAL VISITS	3,426	18,885		861,367.47	45.61	.057	251.42	2.61	
CRITICAL CARE	486	3,417		497,765.46	145.67	.010	1024.21	1.51	
SNF/ICF/TRANS IP CARE	1,452	2,682		91,630.97	34.17	.008	63.11	.28	
OPHTHALMOLOGICAL SERVICES	1,464	1,618		72,044.42	44.53	.005	49.21	.22	
EXAMINATIONS	1,450	1,604		71,709.42	44.71	.005	49.45	.22	
SERVICES AND MATERIALS	14	14		335.00	23.93	.000	23.93	.00	
INPATIENT HOSPITAL SURGERY	1,814	9,819		991,163.52	100.94	.030	546.40	3.00	
PRINCIPAL SURGEON	1,319	1,873		757,640.36	404.51	.006	574.41	2.29	
ASSISTANT SURGEON	170	183		37,240.06	203.50	.001	219.06	.11	
ANESTHESIOLOGIST	693	7,763		196,283.10	25.28	.023	283.24	.59	
OUTPATIENT SURGERY	3,854	8,538		857,369.77	100.42	.026	222.46	2.59	
PRINCIPAL SURGEON	3,308	4,253		724,801.09	170.42	.013	219.11	2.19	
ASSISTANT SURGEON	41	41		7,166.27	174.79	.000	174.79	.02	
ANESTHESIOLOGIST	888	4,244		125,402.41	29.55	.013	141.22	.38	
DIALYSIS	668	2,243		186,430.45	83.12	.007	279.09	.56	
PATHOLOGY	6,796	12,765		125,025.06	9.79	.039	18.40	.38	
RADIOLOGY	10,655	19,844		928,520.94	46.79	.060	87.14	2.81	
PSYCHIATRY	15	32		1,223.44	38.23	.000	81.56	.00	
IMMUNIZATION AND INJECTION	2,609	7,591		273,633.45	36.05	.023	104.88	.83	
OTHER SERVICES/ALL X-OVERS	31,128	99,287		1,781,258.47	17.94	.300	57.22	5.39	
@PHARMACY	182,043	2,105,392	\$	53,887,046.65	\$ 25.59	6.371	\$ 296.01	\$ 163.06	
PRESCRIPTION DRUGS	179,953	772,025		50,618,833.54	65.57	2.336	281.29	153.17	
SNF/ICF	4,066	26,265		1,876,880.64	71.46	.079	461.60	5.68	
OUTPATIENTS	176,302	745,760		48,741,952.90	65.36	2.257	276.47	147.49	
MEDICAL SUPPLIES	17,274	1,333,367		3,268,213.11	2.45	4.035	189.20	9.89	
@DENTIST	44,341	256,388	\$	8,296,908.97	\$ 32.36	.776	\$ 187.12	\$ 25.11	
VISITS - DIAGNOSTIC	32,560	172,491		2,195,292.82	12.73	.522	67.42	6.64	
ORAL SURGERY	7,573	16,165		822,756.64	50.90	.049	108.64	2.49	
DRUGS	705	819		16,772.50	20.48	.002	23.79	.05	
ANESTHESIA	272	279		23,825.00	85.39	.001	87.59	.07	
PERIODONTICS	2,327	2,688		378,253.25	140.72	.008	162.55	1.14	
ENDODONTICS	3,168	4,938		709,112.75	143.60	.015	223.84	2.15	
RESTORATIVE DENTISTRY	15,149	49,207		3,052,582.70	62.04	.149	201.50	9.24	
PROSTHETICS	244	269		8,927.50	33.19	.001	36.59	.03	
DENTURES, STAYPLATES	2,580	7,008		896,472.44	127.92	.021	347.47	2.71	
SPACE MAINTAINERS	196	238		27,591.00	115.93	.001	140.77	.08	
MAXILLOFACIAL SERVICES	162	170		14,229.03	83.70	.001	87.83	.04	
FRACTURES, DISLOCATIONS	3	4		375.00	93.75	.000	125.00	.00	
ORTHODONTIC SERVICES	1,383	1,873		149,133.34	79.62	.006	107.83	.45	
ALL OTHER SERVICES	175	239		1,585.00	6.63	.001	9.06	.00	

						----- MONTHLY AVERAGE -----			
330,467 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	7,293	21,406	\$	453,220.05	\$ 21.17	.065	\$ 62.14	\$ 1.37	
DIAGNOSTIC AND ANC. PROCED	3,145	3,173		146,819.76	46.27	.010	46.68	.44	
EYE APPLIANCES	5,824	17,549		291,698.65	16.62	.053	50.09	.88	
OTHER OPTOMETRIC SERVICES	498	684		14,701.64	21.49	.002	29.52	.04	
@CHIROPRACTOR	1,046	1,891	\$	30,712.25	\$ 16.24	.006	\$ 29.36	\$.09	
VISITS	990	1,800		29,495.37	16.39	.005	29.79	.09	
OTHER SERVICES	56	91		1,216.88	13.37	.000	21.73	.00	
@PODIATRIST	4,308	6,520	\$	172,173.79	\$ 26.41	.020	\$ 39.97	\$.52	
MEDICINE/INJECTIONS	2,316	2,648		64,197.04	24.24	.008	27.72	.19	
SURGERY/ANES.	103	135		8,215.04	60.85	.000	79.76	.02	
RADIO./PATHOLOGY	88	108		1,616.03	14.96	.000	18.36	.00	
OTHER	2,083	3,629		98,145.68	27.04	.011	47.12	.30	
@HOME HEALTH AGENCY	1,072	61,520	\$	2,129,515.28	\$ 34.62	.186	\$ 1986.49	\$ 6.44	
NURSE ANESTHESIST	212	464	\$	5,351.66	\$ 11.53	.001	\$ 25.24	\$.02	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	57	88	\$	2,815.04	\$ 31.99	.000	\$ 49.39	\$.01	
@TOTAL HOSPITAL	44,743	261,192	\$	33,999,909.90	\$ 130.17	.790	\$ 759.89	\$ 102.88	
HOSP INPATIENT TOTAL	4,816	34,483		28,245,764.74	819.12	.104	5864.98	85.47	
HSC HOSPITALS	3,852	24,940		26,368,947.52	1057.30	.075	6845.52	79.79	
NON-HSC HOSPITAL TOTAL	200	2,267		1,178,144.41	519.69	.007	5890.72	3.57	
ACCOMMODATIONS	200	2,267		595,295.02	262.59	.007	2976.48	1.80	
ADMINISTRATIVE DAYS	142	2,042		460,431.39	225.48	.006	3242.47	1.39	
TRANSITIONAL IP CARE	0	0		201.16	.00	.000	.00	.00	
ALL OTHER ACCOM	58	225		134,662.47	598.50	.001	2321.77	.41	
ANCILLARIES	198	0		582,849.39	.00	.000	2943.68	1.76	
INPATIENT CROSSOVERS	858	7,276		698,672.81	96.02	.022	814.30	2.11	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	41,979	226,709		5,754,145.16	25.38	.686	137.07	17.41	
MEDICAL	11,139	17,157		779,853.76	45.45	.052	70.01	2.36	
SURGERY	2,015	2,790		159,528.15	57.18	.008	79.17	.48	
PATHOLOGY	20,582	98,509		1,199,923.56	12.18	.298	58.30	3.63	
RADIOLOGY	7,360	11,760		967,491.31	82.27	.036	131.45	2.93	
ROOM USE	19,395	29,398		1,197,239.69	40.73	.089	61.73	3.62	
CROSSOVERS/ALL OTH OUTPTNT	17,323	67,095		1,450,108.69	21.61	.203	83.71	4.39	
@COUNTY HOSPITAL TOTAL	13,815	82,282	\$	10,360,403.47	\$ 125.91	.249	\$ 749.94	\$ 31.35	
CO HOSPITAL INPATIENT TOTAL	1,221	9,357		8,201,940.01	876.56	.028	6717.40	24.82	
HSC HOSPITALS	1,142	7,515		7,764,734.30	1033.23	.023	6799.24	23.50	
NON-HSC HOSPITALS TOTAL	45	1,149		375,952.15	327.20	.003	8354.49	1.14	
ACCOMMODATIONS	45	1,149		259,632.58	225.96	.003	5769.61	.79	
ADMINISTRATIVE DAYS	45	1,149		259,607.61	225.94	.003	5769.06	.79	
TRANSITIONAL IP CARE	0	0		24.97	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	45	0		116,319.57	.00	.000	2584.88	.35	
INPATIENT CROSSOVERS	69	693		61,253.56	88.39	.002	887.73	.19	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	13,148	72,925		2,158,463.46	29.60	.221	164.17	6.53	
MEDICAL	7,196	11,292		436,052.73	38.62	.034	60.60	1.32	
SURGERY	745	1,358		63,097.27	46.46	.004	84.69	.19	
PATHOLOGY	6,729	31,435		392,479.40	12.49	.095	58.33	1.19	

RADIOLOGY	2,345	3,294	287,173.57	87.18	.010	122.46	.87
ROOM USE	8,754	13,374	528,110.70	39.49	.040	60.33	1.60
CROSSOVERS/ALL OTH OUTPTNT	4,265	12,172	451,549.79	37.10	.037	105.87	1.37

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,571
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
330,467 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	32,899	178,910	\$ 23,639,506.43	\$ 132.13	.541	\$ 718.55	\$ 71.53
COMM HOSP INPATIENT TOTAL	3,650	25,126	20,043,824.73	797.73	.076	5491.46	60.65
HSC HOSPITALS	2,764	17,425	18,604,213.22	1067.67	.053	6730.90	56.30
NON-HSC HOSPITALS TOTAL	155	1,118	802,192.26	717.52	.003	5175.43	2.43
ACCOMMODATIONS	155	1,118	335,662.44	300.23	.003	2165.56	1.02
ADMINISTRATIVE DAYS	97	893	200,823.78	224.89	.003	2070.35	.61
TRANSITIONAL IP CARE	0	0	176.19	.00	.000	.00	.00
ALL OTHER ACCOM	58	225	134,662.47	598.50	.001	2321.77	.41
ANCILLARIES	153	0	466,529.82	.00	.000	3049.21	1.41
INPATIENT CROSSOVERS	789	6,583	637,419.25	96.83	.020	807.88	1.93
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	30,571	153,784	3,595,681.70	23.38	.465	117.62	10.88
MEDICAL	4,166	5,865	343,801.03	58.62	.018	82.53	1.04
SURGERY	1,286	1,432	96,430.88	67.34	.004	74.99	.29
PATHOLOGY	14,381	67,074	807,444.16	12.04	.203	56.15	2.44
RADIOLOGY	5,169	8,466	680,317.74	80.36	.026	131.61	2.06
ROOM USE	11,419	16,024	669,128.99	41.76	.048	58.60	2.02
CROSSOVERS/ALL OTH OUTPTNT	13,283	54,923	998,558.90	18.18	.166	75.18	3.02
@STATE HOSPITAL	26	755	\$ 453,053.26	\$ 600.07	.002	\$ 17425.13	\$ 1.37
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	26	755	453,053.26	600.07	.002	17425.13	1.37
@NURSING FACILITY	3,765	94,071	\$ 14,595,942.07	\$ 155.16	.285	\$ 3876.74	\$ 44.17
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	351	10,717	1,294,504.64	120.79	.032	3688.05	3.92
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	198	6,107	3,353,470.58	549.12	.018	16936.72	10.15
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3,223	77,247	9,947,966.85	128.78	.234	3086.56	30.10
@INTERMEDIATE CARE FACIL.-DD	1,004	31,227	\$ 4,986,463.90	\$ 159.68	.094	\$ 4966.60	\$ 15.09
ICF DDH	564	17,913	2,661,651.26	148.59	.054	4719.24	8.05
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	440	13,314	2,324,812.64	174.61	.040	5283.67	7.03
@HEMODIALYSIS TOTAL	1,939	44,983	\$ 2,881,889.33	\$ 64.07	.136	\$ 1486.28	\$ 8.72
HOSPITAL BASED	137	1,049	631,020.47	601.54	.003	4605.99	1.91
HEMODIALYSIS CENTER	1,804	43,934	2,250,868.86	51.23	.133	1247.71	6.81
@REHABILITATION FACILITY	982	7,347	\$ 148,442.25	\$ 20.20	.022	\$ 151.16	\$.45
HOSPITAL BASED	322	1,844	41,572.10	22.54	.006	129.11	.13
INDEPENDENT FACILITY	667	5,503	106,870.15	19.42	.017	160.23	.32
@LABORATORY FACILITY	4,899	24,726	\$ 244,823.12	\$ 9.90	.075	\$ 49.97	\$.74
PATHOLOGY	4,155	23,032	228,221.36	9.91	.070	54.93	.69
XO AND OTHERS	744	1,694	16,601.76	9.80	.005	22.31	.05
@ORGANIZED OUTPATIENT CLINIC	16,451	30,264	\$ 1,874,509.66	\$ 61.94	.092	\$ 113.95	\$ 5.67
CLINIC	1,532	6,907	155,475.46	22.51	.021	101.49	.47
SURGICENTER	321	1,711	113,863.81	66.55	.005	354.72	.34
HEROIN DETOX CLINIC	186	2,357	27,044.45	11.47	.007	145.40	.08
RURAL HEALTH CLINIC	14,506	19,289	1,578,125.94	81.81	.058	108.79	4.78

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,572

MOP024
SAN JOAQUIN COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT

01/17/03

330,467 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	65,565	8,816,531	\$ 10,745,298.98	\$ 1.22	26.679	\$ 163.89	\$ 32.52
DURABLE MED. EQUIP.	3,317	13,821	1,918,156.21	138.79	.042	578.28	5.80
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	215	296	96,142.58	324.81	.001	447.17	.29
MEDICAL TRANSPORTATION	8,926	330,189	1,947,771.92	5.90	.999	218.21	5.89
AMBULANCES/AIR TRANS	3,634	34,213	645,854.24	18.88	.104	177.73	1.95
OTHER TRANS	2,537	263,992	966,682.21	3.66	.799	381.03	2.93
OTHER SERVICES	3,175	31,984	335,235.47	10.48	.097	105.59	1.01
ACUPUNCTURE	1,532	3,062	57,505.61	18.78	.009	37.54	.17
ADULT DAY HEALTH CARE CTR	852	12,819	855,411.18	66.73	.039	1004.00	2.59
GENETIC DISEASE TESTING	623	629	51,788.75	82.34	.002	83.13	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	1,692	63,708	1,933,794.42	30.35	.193	1142.90	5.85
OCCUPATIONAL THERAPIST	59	888	5,228.00	5.89	.003	88.61	.02
OPTICIAN	11,332	25,887	307,050.21	11.86	.078	27.10	.93
PHYSICAL THERAPIST	11	357	1,693.08	4.74	.001	153.92	.01
PORTABLE X-RAY	182	434	8,154.49	18.79	.001	44.80	.02
PROSTHETIST/ORTHOTISTS	461	1,441	129,099.23	89.59	.004	280.04	.39
PROSTHETICS	433	1,401	127,476.63	90.99	.004	294.40	.39
ORTHOTICS	28	40	1,622.60	40.57	.000	57.95	.00
PSYCHOLOGIST	36	163	7,266.98	44.58	.000	201.86	.02
SPEECH AND AUDIOLOGY	1,085	2,811	164,357.18	58.47	.009	151.48	.50
HOSPICE SERVICES	127	3,333	436,225.04	130.88	.010	3434.84	1.32
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	25,878	94,192	944,731.92	10.03	.285	36.51	2.86
EPSDT SUPPLEMENTAL SERVICE	19	2,803	70,813.73	25.26	.008	3727.04	.21
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	14,831	8,259,698		1,810,108.45		.22	24.994	122.05	5.48
@CALIF. CHILDREN SERVICES*	6,440	463,949	\$	12,094,123.34	\$	26.07	1.404	\$ 1877.97	\$ 36.60
@XOVER EXCLUDING STATE HOSP**	36,902	452,332	\$	5,040,658.21	\$	11.14	1.369	\$ 136.60	\$ 15.25

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL

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SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

4,023 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,256	6,567	\$ 731,466.80	\$ 111.39	1.632	\$ 324.23	\$ 181.82	
@PHYSICIANS SERVICES	877	2,102	\$ 111,588.68	\$ 53.09	.522	\$ 127.24	\$ 27.74	
OUTPATIENT VISITS	687	994	33,982.91	34.19	.247	49.47	8.45	
OFFICE VISITS	568	824	25,728.36	31.22	.205	45.30	6.40	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	118	132	6,654.63	50.41	.033	56.40	1.65	
PREVENTIVE CARE	16	18	658.31	36.57	.004	41.14	.16	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	19	20	941.61	47.08	.005	49.56	.23	
INPATIENT VISITS	117	460	41,836.42	90.95	.114	357.58	10.40	
HOSPITAL VISITS	99	233	10,950.66	47.00	.058	110.61	2.72	
CRITICAL CARE	20	227	30,885.76	136.06	.056	1544.29	7.68	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	16	24	1,009.65	42.07	.006	63.10	.25	
EXAMINATIONS	16	24	1,009.65	42.07	.006	63.10	.25	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	16	73	7,890.55	108.09	.018	493.16	1.96	
PRINCIPAL SURGEON	10	12	6,020.07	501.67	.003	602.01	1.50	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	7	61	1,870.48	30.66	.015	267.21	.46	
OUTPATIENT SURGERY	23	56	5,434.80	97.05	.014	236.30	1.35	
PRINCIPAL SURGEON	17	20	4,041.73	202.09	.005	237.75	1.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	6	36	1,393.07	38.70	.009	232.18	.35	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	23	44	278.49	6.33	.011	12.11	.07	
RADIOLOGY	96	140	3,115.02	22.25	.035	32.45	.77	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	17	24	7,071.18	294.63	.006	415.95	1.76	
OTHER SERVICES/ALL X-OVERS	156	287	10,969.66	38.22	.071	70.32	2.73	
@PHARMACY	701	1,425	\$ 42,966.48	\$ 30.15	.354	\$ 61.29	\$ 10.68	
PRESCRIPTION DRUGS	682	1,357	41,063.34	30.26	.337	60.21	10.21	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	682	1,357	41,063.34	30.26	.337	60.21	10.21	
MEDICAL SUPPLIES	47	68	1,903.14	27.99	.017	40.49	.47	
@DENTIST	4	28	\$ 407.00	\$ 14.54	.007	\$ 101.75	\$.10	
VISITS - DIAGNOSTIC	3	16	118.00	7.38	.004	39.33	.03	
ORAL SURGERY	1	5	211.00	42.20	.001	211.00	.05	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	2	4	78.00	19.50	.001	39.00	.02	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	3	.00	.00	.001	.00	.00
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MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS						AID CODES 47 69
					----- MONTHLY AVERAGE -----		
4,023 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	11	\$ 778.73	\$ 70.79	.003	\$ 194.68	\$.19
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	455	1,516	\$ 472,641.39	\$ 311.77	.377	\$ 1038.77	\$ 117.48
HOSP INPATIENT TOTAL	67	367	426,586.02	1162.36	.091	6366.96	106.04
HSC HOSPITALS	67	367	426,586.02	1162.36	.091	6366.96	106.04
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	403	1,149	46,055.37	40.08	.286	114.28	11.45
MEDICAL	88	113	5,375.45	47.57	.028	61.08	1.34
SURGERY	13	15	923.21	61.55	.004	71.02	.23
PATHOLOGY	146	396	3,587.97	9.06	.098	24.58	.89
RADIOLOGY	69	87	6,754.95	77.64	.022	97.90	1.68
ROOM USE	275	363	13,155.83	36.24	.090	47.84	3.27
CROSSOVERS/ALL OTH OUTPTNT	111	175	16,257.96	92.90	.043	146.47	4.04
@COUNTY HOSPITAL TOTAL	148	554	\$ 237,391.11	\$ 428.50	.138	\$ 1603.99	\$ 59.01
CO HOSPITAL INPATIENT TOTAL	28	203	212,744.02	1048.00	.050	7598.00	52.88
HSC HOSPITALS	28	203	212,744.02	1048.00	.050	7598.00	52.88
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	127	351	24,647.09	70.22	.087	194.07	6.13
MEDICAL	56	72	3,985.72	55.36	.018	71.17	.99
SURGERY	7	9	418.29	46.48	.002	59.76	.10
PATHOLOGY	30	68	705.48	10.37	.017	23.52	.18
RADIOLOGY	15	15	808.89	53.93	.004	53.93	.20
ROOM USE	90	111	4,260.76	38.39	.028	47.34	1.06
CROSSOVERS/ALL OTH OUTPTNT	58	76	14,467.95	190.37	.019	249.45	3.60

#CALIF DEPT OF HEALTH SERV MOP024
SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

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4,023 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	314	962	\$ 235,250.28	\$ 244.54	.239	\$ 749.20	\$ 58.48
COMM HOSP INPATIENT TOTAL	40	164	213,842.00	1303.91	.041	5346.05	53.15
HSC HOSPITALS	40	164	213,842.00	1303.91	.041	5346.05	53.15
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	281	798	21,408.28	26.83	.198	76.19	5.32
MEDICAL	32	41	1,389.73	33.90	.010	43.43	.35
SURGERY	6	6	504.92	84.15	.001	84.15	.13
PATHOLOGY	118	328	2,882.49	8.79	.082	24.43	.72
RADIOLOGY	54	72	5,946.06	82.58	.018	110.11	1.48
ROOM USE	187	252	8,895.07	35.30	.063	47.57	2.21
CROSSOVERS/ALL OTH OUTPTNT	54	99	1,790.01	18.08	.025	33.15	.44
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	7	\$ 795.43	\$ 113.63	.002	\$ 159.09	\$.20
HOSPITAL BASED	5	7	795.43	113.63	.002	159.09	.20
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	11	\$ 114.89	\$ 10.44	.003	\$ 22.98	\$.03
PATHOLOGY	5	11	114.89	10.44	.003	22.98	.03
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	752	1,092	\$	90,981.21	\$	83.32	.271	\$	120.99	\$	22.62
CLINIC	4	12		289.54		24.13	.003		72.39		.07
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	748	1,080		90,691.67		83.97	.268		121.25		22.54

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SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

4,023 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	60	375	\$ 11,192.99	\$ 29.85	.093	\$ 186.55	\$ 2.78
DURABLE MED. EQUIP.	31	55	5,113.74	92.98	.014	164.96	1.27
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	300	4,944.59	16.48	.075	412.05	1.23
AMBULANCES/AIR TRANS	12	299	3,144.59	10.52	.074	262.05	.78
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.45
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13	13	660.00	50.77	.003	50.77	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.000	16.64	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	154.60	154.60	.000	154.60	.04
PROSTHETICS	1	1	154.60	154.60	.000	154.60	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	155.59	51.86	.001	155.59	.04
HOSPICE SERVICES	0	0	138.00	.00	.000	.00	.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.83	9.83	.000	9.83	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	146	5,241	\$ 286,821.34	\$ 54.73	1.303	\$ 1964.53	\$ 71.30
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,577
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

10,328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,403	43,599	\$ 4,808,113.22	\$ 110.28	4.221	\$ 649.48	\$ 465.54
@PHYSICIANS SERVICES	4,079	15,210	\$ 1,178,957.88	\$ 77.51	1.473	\$ 289.03	\$ 114.15
OUTPATIENT VISITS	2,074	7,655	218,131.43	28.50	.741	105.17	21.12
OFFICE VISITS	493	601	28,992.80	48.24	.058	58.81	2.81
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	240	273	15,071.85	55.21	.026	62.80	1.46

PREVENTIVE CARE	5	5	244.91	48.98	.000	48.98	.02
OB VISITS/COMPRE PERI	1,495	6,724	172,847.20	25.71	.651	115.62	16.74
OTHER OUTPATIENT	47	52	974.67	18.74	.005	20.74	.09
INPATIENT VISITS	789	1,996	153,621.77	76.96	.193	194.70	14.87
HOSPITAL VISITS	710	1,291	57,815.92	44.78	.125	81.43	5.60
CRITICAL CARE	101	705	95,805.85	135.89	.068	948.57	9.28
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	6	261.63	43.61	.001	65.41	.03
EXAMINATIONS	4	6	261.63	43.61	.001	65.41	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,013	2,231	672,236.05	301.32	.216	663.61	65.09
PRINCIPAL SURGEON	819	898	610,270.49	679.59	.087	745.14	59.09
ASSISTANT SURGEON	133	134	25,550.72	190.68	.013	192.11	2.47
ANESTHESIOLOGIST	210	1,199	36,414.84	30.37	.116	173.40	3.53
OUTPATIENT SURGERY	542	853	42,823.51	50.20	.083	79.01	4.15
PRINCIPAL SURGEON	524	733	38,606.48	52.67	.071	73.68	3.74
ASSISTANT SURGEON	2	2	326.38	163.19	.000	163.19	.03
ANESTHESIOLOGIST	61	118	3,890.65	32.97	.011	63.78	.38
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	454	937	11,024.21	11.77	.091	24.28	1.07
RADIOLOGY	917	1,043	61,831.68	59.28	.101	67.43	5.99
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	44	59	2,920.95	49.51	.006	66.39	.28
OTHER SERVICES/ALL X-OVERS	292	430	16,106.65	37.46	.042	55.16	1.56
@PHARMACY	2,193	4,805	\$ 106,310.54	\$ 22.12	.465	\$ 48.48	\$ 10.29
PRESCRIPTION DRUGS	2,062	4,262	78,120.12	18.33	.413	37.89	7.56
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2,062	4,262	78,120.12	18.33	.413	37.89	7.56
MEDICAL SUPPLIES	293	543	28,190.42	51.92	.053	96.21	2.73
@DENTIST	35	214	\$ 3,988.00	\$ 18.64	.021	\$ 113.94	\$.39
VISITS - DIAGNOSTIC	32	138	795.00	5.76	.013	24.84	.08
ORAL SURGERY	4	5	130.00	26.00	.000	32.50	.01

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	110.00	27.50	.000	27.50	.01
ENDODONTICS	2	3	475.00	158.33	.000	237.50	.05
RESTORATIVE DENTISTRY	12	64	2,478.00	38.72	.006	206.50	.24
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,578
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

10,328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	24	\$ 1,733.17	\$ 72.22	.002	\$ 577.72	\$.17
NURSE ANESTHESIST	1	9	\$ 219.30	\$ 24.37	.001	\$ 219.30	\$.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,440	15,484	\$ 3,103,087.57	\$ 200.41	1.499	\$ 902.06	\$ 300.45
HOSP INPATIENT TOTAL	892	2,813	2,817,860.94	1001.73	.272	3159.04	272.84
HSC HOSPITALS	883	2,768	2,784,590.02	1005.99	.268	3153.56	269.62
NON-HSC HOSPITAL TOTAL	12	45	33,270.92	739.35	.004	2772.58	3.22
ACCOMMODATIONS	12	45	16,253.35	361.19	.004	1354.45	1.57
ADMINISTRATIVE DAYS	3	17	3,780.66	222.39	.002	1260.22	.37
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	28	12,472.69	445.45	.003	1385.85	1.21
ANCILLARIES	12	0	17,017.57	.00	.000	1418.13	1.65
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,141	12,671	285,226.63	22.51	1.227	90.81	27.62
MEDICAL	67	90	4,327.64	48.08	.009	64.59	.42
SURGERY	147	224	9,314.41	41.58	.022	63.36	.90
PATHOLOGY	1,841	6,164	91,158.22	14.79	.597	49.52	8.83
RADIOLOGY	452	486	38,228.57	78.66	.047	84.58	3.70
ROOM USE	1,129	1,883	70,676.67	37.53	.182	62.60	6.84
CROSSOVERS/ALL OTH OUTPTNT	1,157	3,824	71,521.12	18.70	.370	61.82	6.92
@COUNTY HOSPITAL TOTAL	1,480	5,819	\$ 1,775,666.24	\$ 305.15	.563	\$ 1199.77	\$ 171.93
CO HOSPITAL INPATIENT TOTAL	448	1,599	1,660,208.76	1038.28	.155	3705.82	160.75
HSC HOSPITALS	448	1,582	1,656,053.93	1046.81	.153	3696.55	160.35

NON-HSC HOSPITALS TOTAL	3	17	4,154.83	244.40	.002	1384.94	.40
ACCOMMODATIONS	3	17	3,780.66	222.39	.002	1260.22	.37
ADMINISTRATIVE DAYS	3	17	3,780.66	222.39	.002	1260.22	.37
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	3	0	374.17	.00	.000	124.72	.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,368	4,220	115,457.48	27.36	.409	84.40	11.18
MEDICAL	26	36	1,968.88	54.69	.003	75.73	.19
SURGERY	20	23	1,527.30	66.40	.002	76.37	.15
PATHOLOGY	664	2,469	33,815.48	13.70	.239	50.93	3.27
RADIOLOGY	218	235	21,089.93	89.74	.023	96.74	2.04
ROOM USE	483	838	32,188.37	38.41	.081	66.64	3.12
CROSSOVERS/ALL OTH OUTPTNT	504	619	24,867.52	40.17	.060	49.34	2.41

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,579
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

						----- MONTHLY AVERAGE -----		
10,328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,051	9,665	\$ 1,327,421.33	\$ 137.34	.936	\$ 647.21	\$ 128.53	
COMM HOSP INPATIENT TOTAL	445	1,214	1,157,652.18	953.58	.118	2601.47	112.09	
HSC HOSPITALS	436	1,186	1,128,536.09	951.55	.115	2588.39	109.27	
NON-HSC HOSPITALS TOTAL	9	28	29,116.09	1039.86	.003	3235.12	2.82	
ACCOMMODATIONS	9	28	12,472.69	445.45	.003	1385.85	1.21	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	9	28	12,472.69	445.45	.003	1385.85	1.21	
ANCILLARIES	9	0	16,643.40	.00	.000	1849.27	1.61	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,854	8,451	169,769.15	20.09	.818	91.57	16.44	
MEDICAL	41	54	2,358.76	43.68	.005	57.53	.23	
SURGERY	127	201	7,787.11	38.74	.019	61.32	.75	
PATHOLOGY	1,212	3,695	57,342.74	15.52	.358	47.31	5.55	
RADIOLOGY	237	251	17,138.64	68.28	.024	72.31	1.66	
ROOM USE	657	1,045	38,488.30	36.83	.101	58.58	3.73	
CROSSOVERS/ALL OTH OUTPTNT	659	3,205	46,653.60	14.56	.310	70.79	4.52	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	764	1,802	\$	28,416.76	\$	15.77	.174	\$	37.19	\$	2.75
PATHOLOGY	764	1,802		28,416.76		15.77	.174		37.19		2.75
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,447	4,640	\$	314,917.77	\$	67.87	.449	\$	217.63	\$	30.49
CLINIC	420	2,413		60,783.99		25.19	.234		144.72		5.89
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,027	2,227		254,133.78		114.11	.216		247.45		24.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 11,580
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
10,328 ELIGIBLES							
@ALL OTHER PROVIDERS	676	1,411	\$ 70,482.23	\$ 49.95	.137	\$ 104.26	\$ 6.82
DURABLE MED. EQUIP.	5	5	432.63	86.53	.000	86.53	.04
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	53	750	15,221.43	20.30	.073	287.20	1.47
AMBULANCES/AIR TRANS	53	749	13,421.43	17.92	.073	253.23	1.30
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.17
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	590	593	51,520.00	86.88	.057	87.32	4.99
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	33	51	3,217.54	63.09	.005	97.50	.31
PROSTHETICS	11	27	1,064.36	39.42	.003	96.76	.10
ORTHOTICS	24	24	2,153.18	89.72	.002	89.72	.21
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	12	90.63	7.55	.001	90.63	.01
@CALIF. CHILDREN SERVICES*	59	13,375	\$ 425,747.33	\$ 31.83	1.295	\$ 7216.06	\$ 41.22
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 11,581
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
54 ELIGIBLES							

@TOTAL, ALL PROVIDERS	67	284	\$	47,026.14	\$	165.59	5.259	\$	701.88	\$	870.85
@PHYSICIANS SERVICES	23	91	\$	7,751.08	\$	85.18	1.685	\$	337.00	\$	143.54
OUTPATIENT VISITS	14	38		797.56		20.99	.704		56.97		14.77
OFFICE VISITS	5	10		306.23		30.62	.185		61.25		5.67
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		101.98		101.98	.019		101.98		1.89
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	7	26		374.87		14.42	.481		53.55		6.94
OTHER OUTPATIENT	1	1		14.48		14.48	.019		14.48		.27
INPATIENT VISITS	3	32		4,458.89		139.34	.593		1486.30		82.57
HOSPITAL VISITS	1	1		57.61		57.61	.019		57.61		1.07
CRITICAL CARE	2	31		4,401.28		141.98	.574		2200.64		81.51
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	4	6		2,091.13		348.52	.111		522.78		38.72
PRINCIPAL SURGEON	3	4		2,025.14		506.29	.074		675.05		37.50
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	2		65.99		33.00	.037		65.99		1.22
OUTPATIENT SURGERY	1	2		137.76		68.88	.037		137.76		2.55
PRINCIPAL SURGEON	1	2		137.76		68.88	.037		137.76		2.55
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	6	9		56.46		6.27	.167		9.41		1.05
RADIOLOGY	1	1		3.85		3.85	.019		3.85		.07
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		34.21		.00	.000		.00		.63
OTHER SERVICES/ALL X-OVERS	3	3		171.22		57.07	.056		57.07		3.17
@PHARMACY	22	36	\$	914.02	\$	25.39	.667	\$	41.55	\$	16.93
PRESCRIPTION DRUGS	13	24		810.99		33.79	.444		62.38		15.02
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	13	24		810.99		33.79	.444		62.38		15.02
MEDICAL SUPPLIES	11	12		103.03		8.59	.222		9.37		1.91
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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FEE-FOR-SERVICE/DENTAL

01/17/03

SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

----- MONTHLY AVERAGE -----

54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	34	\$	2,545.24	\$	74.86	.630	\$	1272.62	\$	47.13
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	19	90	\$	31,901.65	\$	354.46	1.667	\$	1679.03	\$	590.77
HOSP INPATIENT TOTAL	1	31		30,380.00		980.00	.574		30380.00		562.59
HSC HOSPITALS	1	31		30,380.00		980.00	.574		30380.00		562.59
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	18	59		1,521.65		25.79	1.093		84.54		28.18
MEDICAL	1	1		111.71		111.71	.019		111.71		2.07
SURGERY	1	1		29.04		29.04	.019		29.04		.54
PATHOLOGY	14	40		672.49		16.81	.741		48.04		12.45

RADIOLOGY	0	0	3.74CR	.00	.000	.00	.07CR
ROOM USE	5	5	396.23	79.25	.093	79.25	7.34
CROSSOVERS/ALL OTH OUTPTNT	5	12	315.92	26.33	.222	63.18	5.85
@COUNTY HOSPITAL TOTAL	14	45	\$ 1,203.10	\$ 26.74	.833	\$ 85.94	\$ 22.28
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	45	1,203.10	26.74	.833	85.94	22.28
MEDICAL	0	0	81.14	.00	.000	.00	1.50
SURGERY	1	1	29.04	29.04	.019	29.04	.54
PATHOLOGY	10	28	561.87	20.07	.519	56.19	10.41
RADIOLOGY	0	0	3.74CR	.00	.000	.00	.07CR
ROOM USE	3	4	264.46	66.12	.074	88.15	4.90
CROSSOVERS/ALL OTH OUTPTNT	5	12	270.33	22.53	.222	54.07	5.01
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	45	\$ 30,698.55	\$ 682.19	.833	\$ 6139.71	\$ 568.49
COMM HOSP INPATIENT TOTAL	1	31	30,380.00	980.00	.574	30380.00	562.59
HSC HOSPITALS	1	31	30,380.00	980.00	.574	30380.00	562.59
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	14	318.55	22.75	.259	79.64	5.90
MEDICAL	1	1	30.57	30.57	.019	30.57	.57
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	12	110.62	9.22	.222	27.66	2.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	1	131.77	131.77	.019	65.89	2.44
CROSSOVERS/ALL OTH OUTPTNT	0	0	45.59	.00	.000	.00	.84
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	12	\$ 278.14	\$ 23.18	.222	\$ 55.63	\$ 5.15
PATHOLOGY	5	12	278.14	23.18	.222	55.63	5.15
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	18	\$ 3,504.38	\$ 194.69	.333	\$ 318.58	\$ 64.90
CLINIC	2	8	233.28	29.16	.148	116.64	4.32
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	10	3,271.10	327.11	.185	363.46	60.58
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
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54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	3	\$ 131.63	\$ 43.88	.056	\$ 131.63	\$ 2.44
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	3	131.63	43.88	.056	131.63	2.44
AMBULANCES/AIR TRANS	1	3	131.63	43.88	.056	131.63	2.44
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	2,692	\$ 30,860.52	\$ 11.46	49.852	\$ 10286.84	\$ 571.49
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

		----- MONTHLY AVERAGE -----						
14,405 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	9,726	50,450	\$ 5,586,606.16	\$ 110.74	3.502	\$ 574.40	\$ 387.82	
@PHYSICIANS SERVICES	4,979	17,403	\$ 1,298,297.64	\$ 74.60	1.208	\$ 260.75	\$ 90.13	
OUTPATIENT VISITS	2,775	8,687	252,911.90	29.11	.603	91.14	17.56	
OFFICE VISITS	1,066	1,435	55,027.39	38.35	.100	51.62	3.82	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	359	406	21,828.46	53.76	.028	60.80	1.52	
PREVENTIVE CARE	21	23	903.22	39.27	.002	43.01	.06	
OB VISITS/COMPRE PERI	1,502	6,750	173,222.07	25.66	.469	115.33	12.03	
OTHER OUTPATIENT	67	73	1,930.76	26.45	.005	28.82	.13	
INPATIENT VISITS	909	2,488	199,917.08	80.35	.173	219.93	13.88	
HOSPITAL VISITS	810	1,525	68,824.19	45.13	.106	84.97	4.78	
CRITICAL CARE	123	963	131,092.89	136.13	.067	1065.80	9.10	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	20	30	1,271.28	42.38	.002	63.56	.09	
EXAMINATIONS	20	30	1,271.28	42.38	.002	63.56	.09	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	1,033	2,310	682,217.73	295.33	.160	660.42	47.36	
PRINCIPAL SURGEON	832	914	618,315.70	676.49	.063	743.17	42.92	
ASSISTANT SURGEON	133	134	25,550.72	190.68	.009	192.11	1.77	
ANESTHESIOLOGIST	218	1,262	38,351.31	30.39	.088	175.92	2.66	
OUTPATIENT SURGERY	566	911	48,396.07	53.12	.063	85.51	3.36	
PRINCIPAL SURGEON	542	755	42,785.97	56.67	.052	78.94	2.97	
ASSISTANT SURGEON	2	2	326.38	163.19	.000	163.19	.02	
ANESTHESIOLOGIST	67	154	5,283.72	34.31	.011	78.86	.37	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	483	990	11,359.16	11.47	.069	23.52	.79	
RADIOLOGY	1,014	1,184	64,950.55	54.86	.082	64.05	4.51	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	61	83	10,026.34	120.80	.006	164.37	.70	
OTHER SERVICES/ALL X-OVERS	451	720	27,247.53	37.84	.050	60.42	1.89	
@PHARMACY	2,916	6,266	\$ 150,191.04	\$ 23.97	.435	\$ 51.51	\$ 10.43	
PRESCRIPTION DRUGS	2,757	5,643	119,994.45	21.26	.392	43.52	8.33	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	2,757	5,643	119,994.45	21.26	.392	43.52	8.33	
MEDICAL SUPPLIES	351	623	30,196.59	48.47	.043	86.03	2.10	
@DENTIST	39	242	\$ 4,395.00	\$ 18.16	.017	\$ 112.69	\$.31	
VISITS - DIAGNOSTIC	35	154	913.00	5.93	.011	26.09	.06	
ORAL SURGERY	5	10	341.00	34.10	.001	68.20	.02	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	4	4	110.00	27.50	.000	27.50	.01	
ENDODONTICS	2	3	475.00	158.33	.000	237.50	.03	
RESTORATIVE DENTISTRY	14	68	2,556.00	37.59	.005	182.57	.18	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	3	.00	.00	.000	.00	.00	

14,405 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	9	69	\$ 5,057.14	\$ 73.29	.005	\$ 561.90	\$.35
NURSE ANESTHESIST	1	9	\$ 219.30	\$ 24.37	.001	\$ 219.30	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,914	17,090	\$ 3,607,630.61	\$ 211.10	1.186	\$ 921.72	\$ 250.44
HOSP INPATIENT TOTAL	960	3,211	3,274,826.96	1019.88	.223	3411.28	227.34
HSC HOSPITALS	951	3,166	3,241,556.04	1023.86	.220	3408.58	225.03
NON-HSC HOSPITAL TOTAL	12	45	33,270.92	739.35	.003	2772.58	2.31
ACCOMMODATIONS	12	45	16,253.35	361.19	.003	1354.45	1.13
ADMINISTRATIVE DAYS	3	17	3,780.66	222.39	.001	1260.22	.26
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	28	12,472.69	445.45	.002	1385.85	.87
ANCILLARIES	12	0	17,017.57	.00	.000	1418.13	1.18
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,562	13,879	332,803.65	23.98	.963	93.43	23.10
MEDICAL	156	204	9,814.80	48.11	.014	62.92	.68
SURGERY	161	240	10,266.66	42.78	.017	63.77	.71
PATHOLOGY	2,001	6,600	95,418.68	14.46	.458	47.69	6.62
RADIOLOGY	521	573	44,979.78	78.50	.040	86.33	3.12
ROOM USE	1,409	2,251	84,228.73	37.42	.156	59.78	5.85
CROSSOVERS/ALL OTH OUTPTNT	1,273	4,011	88,095.00	21.96	.278	69.20	6.12
@COUNTY HOSPITAL TOTAL	1,642	6,418	\$ 2,014,260.45	\$ 313.85	.446	\$ 1226.71	\$ 139.83
CO HOSPITAL INPATIENT TOTAL	476	1,802	1,872,952.78	1039.37	.125	3934.77	130.02
HSC HOSPITALS	476	1,785	1,868,797.95	1046.95	.124	3926.05	129.73
NON-HSC HOSPITALS TOTAL	3	17	4,154.83	244.40	.001	1384.94	.29
ACCOMMODATIONS	3	17	3,780.66	222.39	.001	1260.22	.26
ADMINISTRATIVE DAYS	3	17	3,780.66	222.39	.001	1260.22	.26
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	3	0	374.17	.00	.000	124.72	.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,509	4,616	141,307.67	30.61	.320	93.64	9.81
MEDICAL	82	108	6,035.74	55.89	.007	73.61	.42
SURGERY	28	33	1,974.63	59.84	.002	70.52	.14
PATHOLOGY	704	2,565	35,082.83	13.68	.178	49.83	2.44

RADIOLOGY	233	250	21,895.08	87.58	.017	93.97	1.52
ROOM USE	576	953	36,713.59	38.52	.066	63.74	2.55
CROSSOVERS/ALL OTH OUTPTNT	567	707	39,605.80	56.02	.049	69.85	2.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 11,587
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76						
----- MONTHLY AVERAGE -----							
14,405 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,370	10,672	\$ 1,593,370.16	\$ 149.30	.741	\$ 672.31	\$ 110.61
COMM HOSP INPATIENT TOTAL	486	1,409	1,401,874.18	994.94	.098	2884.51	97.32
HSC HOSPITALS	477	1,381	1,372,758.09	994.03	.096	2877.90	95.30
NON-HSC HOSPITALS TOTAL	9	28	29,116.09	1039.86	.002	3235.12	2.02
ACCOMMODATIONS	9	28	12,472.69	445.45	.002	1385.85	.87
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	28	12,472.69	445.45	.002	1385.85	.87
ANCILLARIES	9	0	16,643.40	.00	.000	1849.27	1.16
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,139	9,263	191,495.98	20.67	.643	89.53	13.29
MEDICAL	74	96	3,779.06	39.37	.007	51.07	.26
SURGERY	133	207	8,292.03	40.06	.014	62.35	.58
PATHOLOGY	1,334	4,035	60,335.85	14.95	.280	45.23	4.19
RADIOLOGY	291	323	23,084.70	71.47	.022	79.33	1.60
ROOM USE	846	1,298	47,515.14	36.61	.090	56.16	3.30
CROSSOVERS/ALL OTH OUTPTNT	713	3,304	48,489.20	14.68	.229	68.01	3.37
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	7	\$ 795.43	\$ 113.63	.000	\$ 159.09	\$.06
HOSPITAL BASED	5	7	795.43	113.63	.000	159.09	.06
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	774	1,825	\$ 28,809.79	\$ 15.79	.127	\$ 37.22	\$ 2.00
PATHOLOGY	774	1,825	28,809.79	15.79	.127	37.22	2.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,210	5,750	\$ 409,403.36	\$ 71.20	.399	\$ 185.25	\$ 28.42
CLINIC	426	2,433	61,306.81	25.20	.169	143.91	4.26
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,784	3,317	348,096.55	104.94	.230	195.12	24.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76						

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14,405 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	737	1,789	\$ 81,806.85	\$ 45.73	.124	\$ 111.00	\$ 5.68
DURABLE MED. EQUIP.	36	60	5,546.37	92.44	.004	154.07	.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	66	1,053	20,297.65	19.28	.073	307.54	1.41
AMBULANCES/AIR TRANS	66	1,051	16,697.65	15.89	.073	252.99	1.16
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.25
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	603	606	52,180.00	86.11	.042	86.53	3.62
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.000	16.64	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	34	52	3,372.14	64.85	.004	99.18	.23
PROSTHETICS	12	28	1,218.96	43.53	.002	101.58	.08
ORTHOTICS	24	24	2,153.18	89.72	.002	89.72	.15
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	155.59	51.86	.000	155.59	.01
HOSPICE SERVICES	0	0	138.00	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.83	9.83	.000	9.83	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1	12		90.63		7.55	.001	90.63	.01
@CALIF. CHILDREN SERVICES*	208	21,308	\$	743,429.19	\$	34.89	1.479	\$ 3574.18	\$ 51.61
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL

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SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

	4,178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,487	118,476	\$	1,629,343.92	\$ 13.75	28.357	\$ 467.26	\$ 389.98
@PHYSICIANS SERVICES	806	3,078	\$	30,512.80	\$ 9.91	.737	\$ 37.86	\$ 7.30
OUTPATIENT VISITS	2	2		81.58	40.79	.000	40.79	.02
OFFICE VISITS	1	1		57.20	57.20	.000	57.20	.01
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		24.38	24.38	.000	24.38	.01
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5		125.00	25.00	.001	25.00	.03
EXAMINATIONS	5	5		125.00	25.00	.001	25.00	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	3		46.54	15.51	.001	15.51	.01
RADIOLOGY	1	1		21.60	21.60	.000	21.60	.01
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	797	3,067		30,238.08	9.86	.734	37.94	7.24
@PHARMACY	3,149	26,060	\$	950,106.07	\$ 36.46	6.237	\$ 301.72	\$ 227.41
PRESCRIPTION DRUGS	3,105	16,124		907,701.50	56.30	3.859	292.34	217.26
SNF/ICF	77	575		33,539.26	58.33	.138	435.57	8.03
OUTPATIENTS	3,041	15,549		874,162.24	56.22	3.722	287.46	209.23
MEDICAL SUPPLIES	388	9,936		42,404.57	4.27	2.378	109.29	10.15
@DENTIST	204	934	\$	40,358.00	\$ 43.21	.224	\$ 197.83	\$ 9.66
VISITS - DIAGNOSTIC	135	525		6,405.00	12.20	.126	47.44	1.53
ORAL SURGERY	30	68		3,426.00	50.38	.016	114.20	.82
DRUGS	2	2		15.00	7.50	.000	7.50	.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.02
PERIODONTICS	14	16		2,210.00	138.13	.004	157.86	.53
ENDODONTICS	5	5		1,075.00	215.00	.001	215.00	.26
RESTORATIVE DENTISTRY	61	158		12,171.00	77.03	.038	199.52	2.91
PROSTHETICS	4	4		120.00	30.00	.001	30.00	.03

DENTURES, STAYPLATES	56	154	14,836.00	96.34	.037	264.93	3.55
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 11,590
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED						AID CODE 16
					----- MONTHLY AVERAGE -----		
4,178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	99	271	\$ 4,890.29	\$ 18.05	.065	\$ 49.40	\$ 1.17
DIAGNOSTIC AND ANC. PROCED	11	11	510.05	46.37	.003	46.37	.12
EYE APPLIANCES	81	228	3,870.51	16.98	.055	47.78	.93
OTHER OPTOMETRIC SERVICES	17	32	509.73	15.93	.008	29.98	.12
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	99	153	\$ 3,251.00	\$ 21.25	.037	\$ 32.84	\$.78
MEDICINE/INJECTIONS	8	9	192.60	21.40	.002	24.08	.05
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	91	144	3,058.40	21.24	.034	33.61	.73
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	20	\$ 47.19	\$ 2.36	.005	\$ 23.60	\$.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	355	1,281	\$ 57,028.69	\$ 44.52	.307	\$ 160.64	\$ 13.65
HOSP INPATIENT TOTAL	50	353	38,731.94	109.72	.084	774.64	9.27
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	50	353	38,731.94	109.72	.084	774.64	9.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	322	928	18,296.75	19.72	.222	56.82	4.38
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	59.67	59.67	.000	59.67	.01
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	322	927	18,237.08	19.67	.222	56.64	4.37
@COUNTY HOSPITAL TOTAL	6	12	\$ 854.85	\$ 71.24	.003	\$ 142.48	\$.20
CO HOSPITAL INPATIENT TOTAL	1	5	812.00	162.40	.001	812.00	.19
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	1	5	812.00	162.40	.001	812.00	.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	7	42.85	6.12	.002	8.57	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	7	42.85	6.12	.002	8.57	.01

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4,178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	350	1,269	\$ 56,173.84	\$ 44.27	.304	\$ 160.50	\$ 13.45
COMM HOSP INPATIENT TOTAL	49	348	37,919.94	108.97	.083	773.88	9.08
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	49	348	37,919.94	108.97	.083	773.88	9.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	317	921	18,253.90	19.82	.220	57.58	4.37
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	59.67	59.67	.000	59.67	.01
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	317	920	18,194.23	19.78	.220	57.40	4.35
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	120	1,993	\$ 340,394.02	\$ 170.79	.477	\$ 2836.62	\$ 81.47
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	84	47,727.46	568.18	.020	47727.46	11.42
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	119	1,909	292,666.56	153.31	.457	2459.38	70.05
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	43	51	\$ 25,917.91	\$ 508.19	.012	\$ 602.74	\$ 6.20
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	43	51	25,917.91	508.19	.012	602.74	6.20
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	45	122	\$ 1,058.82	\$ 8.68	.029	\$ 23.53	\$.25
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	45	122	1,058.82	8.68	.029	23.53	.25

UNORGANIZED OUTPATIENT CLINIC	41	48	\$	2,279.73	\$	47.49	.011	\$	55.60	\$	.55
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		390.48		195.24	.000		195.24		.09
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	39	46		1,889.25		41.07	.011		48.44		.45

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,592
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

	4,178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	930		84,465	\$ 173,499.40	\$ 2.05	20.217	\$ 186.56	\$ 41.53
DURABLE MED. EQUIP.	35		67	16,989.62	253.58	.016	485.42	4.07
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15		15	4,424.31	294.95	.004	294.95	1.06
MEDICAL TRANSPORTATION	232		8,409	37,966.74	4.52	2.013	163.65	9.09
AMBULANCES/AIR TRANS	6		38	728.88	19.18	.009	121.48	.17
OTHER TRANS	105		6,827	25,711.10	3.77	1.634	244.87	6.15
OTHER SERVICES	137		1,544	11,526.76	7.47	.370	84.14	2.76
ACUPUNCTURE	2		6	118.94	19.82	.001	59.47	.03
ADULT DAY HEALTH CARE CTR	14		130	8,670.50	66.70	.031	619.32	2.08
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	188		712	56,371.16	79.17	.170	299.85	13.49
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	113		256	3,886.22	15.18	.061	34.39	.93
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2		5	4.73	.95	.001	2.37	.00
PROSTHETIST/ORTHOTISTS	6		13	147.99	11.38	.003	24.67	.04
PROSTHETICS	6		13	147.99	11.38	.003	24.67	.04
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	29		61	3,892.29	63.81	.015	134.22	.93

HOSPICE SERVICES	1	16		1,855.08	115.94	.004	1855.08	.44
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	532	74,775		39,171.82	.52	17.897	73.63	9.38
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,460	8,631	\$	238,880.85	\$ 27.68	2.066	\$ 163.62	\$ 57.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,593
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND	AID CODES 26 6A

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	57	877	\$ 30,495.97	\$ 34.77	13.288	\$ 535.02	\$ 462.06
@PHYSICIANS SERVICES	11	13	\$ 244.81	\$ 18.83	.197	\$ 22.26	\$ 3.71
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	25.00	25.00	.015	25.00	.38
EXAMINATIONS	1	1	25.00	25.00	.015	25.00	.38
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	12	219.81	18.32	.182	21.98	3.33
@PHARMACY	56	359	\$ 24,882.29	\$ 69.31	5.439	\$ 444.33	\$ 377.00
PRESCRIPTION DRUGS	56	301	22,390.98	74.39	4.561	399.84	339.26
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	56	301	22,390.98	74.39	4.561	399.84	339.26
MEDICAL SUPPLIES	27	58	2,491.31	42.95	.879	92.27	37.75
@DENTIST	4	7	\$ 1,275.00	\$ 182.14	.106	\$ 318.75	\$ 19.32
VISITS - DIAGNOSTIC	2	2	60.00	30.00	.030	30.00	.91
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.015	200.00	3.03
ENDODONTICS	1	1	260.00	260.00	.015	260.00	3.94
RESTORATIVE DENTISTRY	1	3	755.00	251.67	.045	755.00	11.44
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,594 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A							
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	4	\$ 14.88	\$ 3.72	.061	\$ 3.72	\$.23
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	14.88	3.72	.061	3.72	.23
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1	1	\$ 301.07	\$ 301.07	.015	\$ 301.07	\$ 4.56
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	301.07	301.07	.015	301.07	4.56
MEDICAL	1	1	177.82	177.82	.015	177.82	2.69
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	10.83	.00	.000	.00	.16
RADIOLOGY	0	0	4.46CR	.00	.000	.00	.07CR
ROOM USE	0	0	79.60	.00	.000	.00	1.21
CROSSOVERS/ALL OTH OUTPTNT	0	0	37.28	.00	.000	.00	.56
@COUNTY HOSPITAL TOTAL	1	1	\$ 263.79	\$ 263.79	.015	\$ 263.79	\$ 4.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	263.79	263.79	.015	263.79	4.00
MEDICAL	1	1	177.82	177.82	.015	177.82	2.69
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	10.83	.00	.000	.00	.16
RADIOLOGY	0	0	4.46CR	.00	.000	.00	.07CR
ROOM USE	0	0	79.60	.00	.000	.00	1.21
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,595
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ 37.28	\$.00	.000	\$.00	\$.56
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	37.28	.00	.000	.00	.56
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	37.28	.00	.000	.00	.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	19.41	\$	19.41	.015	\$	19.41	\$	.29
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1		19.41		19.41	.015		19.41		.29
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 11,596
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A										

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	492	\$ 3,758.51	\$ 7.64	7.455	\$ 313.21	\$ 56.95
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	12	36	3,426.70	95.19	.545	285.56	51.92
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	159.52	39.88	.061	53.17	2.42
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	452	172.29	.38	6.848	57.43	2.61
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	17	19	\$ 310.25	\$ 16.33	.288	\$ 18.25	\$ 4.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,597
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C	

2,490 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@TOTAL, ALL PROVIDERS	2,256	133,374	\$	1,565,505.38	\$	11.74	53.564	\$	693.93	\$	628.72
@PHYSICIANS SERVICES	497	1,770	\$	29,323.53	\$	16.57	.711	\$	59.00	\$	11.78
OUTPATIENT VISITS	18	43		1,520.01		35.35	.017		84.45		.61
OFFICE VISITS	13	34		1,059.80		31.17	.014		81.52		.43
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	7	8		451.80		56.48	.003		64.54		.18
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	1		8.41		8.41	.000		8.41		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	4	17		1,267.70		74.57	.007		316.93		.51
HOSPITAL VISITS	4	11		538.10		48.92	.004		134.53		.22
CRITICAL CARE	1	6		729.60		121.60	.002		729.60		.29
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	6	6		204.23		34.04	.002		34.04		.08
EXAMINATIONS	6	6		204.23		34.04	.002		34.04		.08
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	4	13		846.75		65.13	.005		211.69		.34
PRINCIPAL SURGEON	2	3		605.35		201.78	.001		302.68		.24
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	10		241.40		24.14	.004		120.70		.10
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	15	34		364.54		10.72	.014		24.30		.15
RADIOLOGY	6	13		299.88		23.07	.005		49.98		.12
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	9		55.30		6.14	.004		27.65		.02
OTHER SERVICES/ALL X-OVERS	478	1,635		24,765.12		15.15	.657		51.81		9.95
@PHARMACY	2,061	20,310	\$	1,002,531.81	\$	49.36	8.157	\$	486.43	\$	402.62
PRESCRIPTION DRUGS	2,030	10,562		889,677.72		84.23	4.242		438.26		357.30

SNF/ICF	15	176	8,503.83	48.32	.071	566.92	3.42
OUTPATIENTS	2,018	10,386	881,173.89	84.84	4.171	436.66	353.89
MEDICAL SUPPLIES	279	9,748	112,854.09	11.58	3.915	404.49	45.32
@DENTIST	212	1,004	\$ 28,227.50	\$ 28.12	.403	\$ 133.15	\$ 11.34
VISITS - DIAGNOSTIC	159	754	9,122.25	12.10	.303	57.37	3.66
ORAL SURGERY	27	49	2,270.25	46.33	.020	84.08	.91
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.04
PERIODONTICS	19	22	3,675.00	167.05	.009	193.42	1.48
ENDODONTICS	4	5	950.00	190.00	.002	237.50	.38
RESTORATIVE DENTISTRY	61	128	7,525.00	58.79	.051	123.36	3.02
PROSTHETICS	5	6	130.00	21.67	.002	26.00	.05
DENTURES, STAYPLATES	18	39	4,455.00	114.23	.016	247.50	1.79
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

PAGE 11,598
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2,490 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	63	180	\$ 3,312.30	\$ 18.40	.072	\$ 52.58	\$ 1.33
DIAGNOSTIC AND ANC. PROCED	12	12	557.50	46.46	.005	46.46	.22
EYE APPLIANCES	54	162	2,657.90	16.41	.065	49.22	1.07
OTHER OPTOMETRIC SERVICES	4	6	96.90	16.15	.002	24.23	.04
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	77	159	\$ 4,114.65	\$ 25.88	.064	\$ 53.44	\$ 1.65
MEDICINE/INJECTIONS	23	23	486.85	21.17	.009	21.17	.20
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	54	136	3,627.80	26.68	.055	67.18	1.46
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	3	5	4.88	.98	.002	1.63	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	182	805	\$ 36,749.50	\$ 45.65	.323	\$ 201.92	\$ 14.76
HOSP INPATIENT TOTAL	21	176	22,426.87	127.43	.071	1067.95	9.01
HSC HOSPITALS	2	9	9,010.00	1001.11	.004	4505.00	3.62
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	19	167	13,416.87	80.34	.067	706.15	5.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	170	629	14,322.63	22.77	.253	84.25	5.75
MEDICAL	8	9	290.79	32.31	.004	36.35	.12
SURGERY	3	3	142.15	47.38	.001	47.38	.06
PATHOLOGY	7	34	373.40	10.98	.014	53.34	.15

RADIOLOGY	3	5	612.11	122.42	.002	204.04	.25
ROOM USE	16	25	1,227.97	49.12	.010	76.75	.49
CROSSOVERS/ALL OTH OUTPTNT	157	553	11,676.21	21.11	.222	74.37	4.69
@COUNTY HOSPITAL TOTAL	12	58	\$ 2,201.08	\$ 37.95	.023	\$ 183.42	\$.88
CO HOSPITAL INPATIENT TOTAL	1	31	812.00	26.19	.012	812.00	.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	31	812.00	26.19	.012	812.00	.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	27	1,389.08	51.45	.011	126.28	.56
MEDICAL	2	2	108.70	54.35	.001	54.35	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	9	122.75	13.64	.004	122.75	.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	6	9	520.34	57.82	.004	86.72	.21
CROSSOVERS/ALL OTH OUTPTNT	5	7	637.29	91.04	.003	127.46	.26

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

					----- MONTHLY AVERAGE -----			
2,490 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	171	747	\$ 34,548.42	\$ 46.25	.300	\$ 202.04	\$ 13.87	
COMM HOSP INPATIENT TOTAL	20	145	21,614.87	149.07	.058	1080.74	8.68	
HSC HOSPITALS	2	9	9,010.00	1001.11	.004	4505.00	3.62	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	18	136	12,604.87	92.68	.055	700.27	5.06	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	160	602	12,933.55	21.48	.242	80.83	5.19	
MEDICAL	6	7	182.09	26.01	.003	30.35	.07	
SURGERY	3	3	142.15	47.38	.001	47.38	.06	
PATHOLOGY	6	25	250.65	10.03	.010	41.78	.10	
RADIOLOGY	3	5	612.11	122.42	.002	204.04	.25	
ROOM USE	10	16	707.63	44.23	.006	70.76	.28	
CROSSOVERS/ALL OTH OUTPTNT	153	546	11,038.92	20.22	.219	72.15	4.43	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	20	295	\$ 43,679.29	\$ 148.07	.118	\$ 2183.96	\$ 17.54	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	20	295	43,679.29	148.07	.118	2183.96	17.54	
@INTERMEDIATE CARE FACIL.-DD	1	21	\$ 3,838.59	\$ 182.79	.008	\$ 3838.59	\$ 1.54	

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1	21	3,838.59	182.79	.008	3838.59	1.54
@HEMODIALYSIS TOTAL	25	34	\$ 16,491.07	\$ 485.03	.014	\$ 659.64	\$ 6.62
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	25	34	16,491.07	485.03	.014	659.64	6.62
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	18	\$ 57.54	\$ 3.20	.007	\$ 8.22	\$.02
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	7	18	57.54	3.20	.007	8.22	.02
@ORGANIZED OUTPATIENT CLINIC	47	67	\$ 2,490.29	\$ 37.17	.027	\$ 52.98	\$ 1.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	47	67	2,490.29	37.17	.027	52.98	1.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,600
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

2,490 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	426	108,706	\$ 394,684.43	\$ 3.63	43.657	\$ 926.49	\$ 158.51
DURABLE MED. EQUIP.	12	35	11,415.59	326.16	.014	951.30	4.58
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.000	25.00	.01
MEDICAL TRANSPORTATION	87	3,064	16,389.13	5.35	1.231	188.38	6.58
AMBULANCES/AIR TRANS	4	119	866.78	7.28	.048	216.70	.35
OTHER TRANS	30	2,323	10,378.84	4.47	.933	345.96	4.17
OTHER SERVICES	58	622	5,143.51	8.27	.250	88.68	2.07
ACUPUNCTURE	3	8	140.57	17.57	.003	46.86	.06
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	22	11,467	338,154.78	29.49	4.605	15370.67	135.81
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	81	173	2,237.49	12.93	.069	27.62	.90
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	25.07	6.27	.002	12.54	.01
PROSTHETIST/ORTHOTISTS	5	10	227.87	22.79	.004	45.57	.09
PROSTHETICS	5	10	227.87	22.79	.004	45.57	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	21	73	3,211.51	43.99	.029	152.93	1.29
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	89	650.98	7.31	.036	162.75	.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	254	93,782	22,206.44	.24	37.663	87.43	8.92
@CALIF. CHILDREN SERVICES*	6	17	\$ 18,127.24	\$ 1066.31	.007	\$ 3021.21	\$ 7.28
@XOVER EXCLUDING STATE HOSP**	829	8,862	\$ 168,358.78	\$ 19.00	3.559	\$ 203.09	\$ 67.61

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

PAGE 11,603 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00
PROSTHETICS	0	0	.00	.00	.000 .00 .00
ORTHOTICS	0	0	.00	.00	.000 .00 .00
PSYCHOLOGIST	0	0	.00	.00	.000 .00 .00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000 .00 .00
HOSPICE SERVICES	0	0	.00	.00	.000 .00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000 .00 .00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000 .00 .00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000 .00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000 .00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000 .00 .00

ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 11,605

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

						----- MONTHLY AVERAGE -----			
6,734 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	5,800	252,727	\$ 3,225,345.27	\$ 12.76	37.530	\$ 556.09	\$ 478.96		
@PHYSICIANS SERVICES	1,314	4,861	\$ 60,081.14	\$ 12.36	.722	\$ 45.72	\$ 8.92		
OUTPATIENT VISITS	20	45	1,601.59	35.59	.007	80.08	.24		
OFFICE VISITS	14	35	1,117.00	31.91	.005	79.79	.17		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	8	9	476.18	52.91	.001	59.52	.07		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	1	1	8.41	8.41	.000	8.41	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	4	17	1,267.70	74.57	.003	316.93	.19		
HOSPITAL VISITS	4	11	538.10	48.92	.002	134.53	.08		
CRITICAL CARE	1	6	729.60	121.60	.001	729.60	.11		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	12	12	354.23	29.52	.002	29.52	.05		
EXAMINATIONS	12	12	354.23	29.52	.002	29.52	.05		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	4	13	846.75	65.13	.002	211.69	.13		
PRINCIPAL SURGEON	2	3	605.35	201.78	.000	302.68	.09		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	2	10	241.40	24.14	.001	120.70	.04		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	18	37	411.08	11.11	.005	22.84	.06		
RADIOLOGY	7	14	321.48	22.96	.002	45.93	.05		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	2	9	55.30	6.14	.001	27.65	.01		
OTHER SERVICES/ALL X-OVERS	1,285	4,714	55,223.01	11.71	.700	42.98	8.20		
@PHARMACY	5,266	46,729	\$ 1,977,520.17	\$ 42.32	6.939	\$ 375.53	\$ 293.66		
PRESCRIPTION DRUGS	5,191	26,987	1,819,770.20	67.43	4.008	350.56	270.24		
SNF/ICF	92	751	42,043.09	55.98	.112	456.99	6.24		
OUTPATIENTS	5,115	26,236	1,777,727.11	67.76	3.896	347.55	263.99		
MEDICAL SUPPLIES	694	19,742	157,749.97	7.99	2.932	227.31	23.43		
@DENTIST	420	1,945	\$ 69,860.50	\$ 35.92	.289	\$ 166.33	\$ 10.37		
VISITS - DIAGNOSTIC	296	1,281	15,587.25	12.17	.190	52.66	2.31		
ORAL SURGERY	57	117	5,696.25	48.69	.017	99.93	.85		
DRUGS	2	2	15.00	7.50	.000	7.50	.00		
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.03		
PERIODONTICS	34	39	6,085.00	156.03	.006	178.97	.90		
ENDODONTICS	10	11	2,285.00	207.73	.002	228.50	.34		
RESTORATIVE DENTISTRY	123	289	20,451.00	70.76	.043	166.27	3.04		
PROSTHETICS	9	10	250.00	25.00	.001	27.78	.04		

DENTURES, STAYPLATES	74	193	19,291.00	99.95	.029	260.69	2.86
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR TITLE II DISREGARD

PAGE 11,606
 01/17/03

6,734 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	162	451	\$ 8,202.59	\$ 18.19	.067	\$ 50.63	\$ 1.22
DIAGNOSTIC AND ANC. PROCED	23	23	1,067.55	46.42	.003	46.42	.16
EYE APPLIANCES	135	390	6,528.41	16.74	.058	48.36	.97
OTHER OPTOMETRIC SERVICES	21	38	606.63	15.96	.006	28.89	.09
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	180	316	\$ 7,380.53	\$ 23.36	.047	\$ 41.00	\$ 1.10
MEDICINE/INJECTIONS	31	32	679.45	21.23	.005	21.92	.10
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	149	284	6,701.08	23.60	.042	44.97	1.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	5	25	\$ 52.07	\$ 2.08	.004	\$ 10.41	\$.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	538	2,087	\$ 94,079.26	\$ 45.08	.310	\$ 174.87	\$ 13.97
HOSP INPATIENT TOTAL	71	529	61,158.81	115.61	.079	861.39	9.08
HSC HOSPITALS	2	9	9,010.00	1001.11	.001	4505.00	1.34
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	69	520	52,148.81	100.29	.077	755.78	7.74
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	493	1,558	32,920.45	21.13	.231	66.78	4.89
MEDICAL	9	10	468.61	46.86	.001	52.07	.07
SURGERY	3	3	142.15	47.38	.000	47.38	.02
PATHOLOGY	7	34	384.23	11.30	.005	54.89	.06
RADIOLOGY	4	6	667.32	111.22	.001	166.83	.10
ROOM USE	16	25	1,307.57	52.30	.004	81.72	.19
CROSSOVERS/ALL OTH OUTPTNT	479	1,480	29,950.57	20.24	.220	62.53	4.45
@COUNTY HOSPITAL TOTAL	19	71	\$ 3,319.72	\$ 46.76	.011	\$ 174.72	\$.49
CO HOSPITAL INPATIENT TOTAL	2	36	1,624.00	45.11	.005	812.00	.24
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	2	36	1,624.00	45.11	.005	812.00	.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	35	1,695.72	48.45	.005	99.75	.25
MEDICAL	3	3	286.52	95.51	.000	95.51	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	9	133.58	14.84	.001	133.58	.02
RADIOLOGY	0	0	4.46CR	.00	.000	.00	.00
ROOM USE	6	9	599.94	66.66	.001	99.99	.09
CROSSOVERS/ALL OTH OUTPTNT	10	14	680.14	48.58	.002	68.01	.10

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,607
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

					----- MONTHLY AVERAGE -----			
6,734 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	521	2,016	\$ 90,759.54	\$ 45.02	.299	\$ 174.20	\$ 13.48	
COMM HOSP INPATIENT TOTAL	69	493	59,534.81	120.76	.073	862.82	8.84	
HSC HOSPITALS	2	9	9,010.00	1001.11	.001	4505.00	1.34	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	67	484	50,524.81	104.39	.072	754.10	7.50	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	477	1,523	31,224.73	20.50	.226	65.46	4.64	
MEDICAL	6	7	182.09	26.01	.001	30.35	.03	
SURGERY	3	3	142.15	47.38	.000	47.38	.02	
PATHOLOGY	6	25	250.65	10.03	.004	41.78	.04	
RADIOLOGY	4	6	671.78	111.96	.001	167.95	.10	
ROOM USE	10	16	707.63	44.23	.002	70.76	.11	

CROSSOVERS/ALL OTH OUTPTNT	470	1,466		29,270.43		19.97	.218	62.28	4.35
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	140	2,288	\$	384,073.31	\$	167.86	.340	\$ 2743.38	\$ 57.03
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	84		47,727.46		568.18	.012	47727.46	7.09
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	139	2,204		336,345.85		152.61	.327	2419.75	49.95
@INTERMEDIATE CARE FACIL.-DD	1	21	\$	3,838.59	\$	182.79	.003	\$ 3838.59	\$.57
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	1	21		3,838.59		182.79	.003	3838.59	.57
@HEMODIALYSIS TOTAL	68	85	\$	42,408.98	\$	498.93	.013	\$ 623.66	\$ 6.30
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	68	85		42,408.98		498.93	.013	623.66	6.30
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	53	141	\$	1,135.77	\$	8.06	.021	\$ 21.43	\$.17
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	53	141		1,135.77		8.06	.021	21.43	.17
@ORGANIZED OUTPATIENT CLINIC	88	115	\$	4,770.02	\$	41.48	.017	\$ 54.20	\$.71
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	2	2		390.48		195.24	.000	195.24	.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	86	113		4,379.54		38.76	.017	50.92	.65

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,608
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

	6,734 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,368	193,663	\$	571,942.34	\$ 2.95	28.759	\$ 418.09	\$ 84.93
DURABLE MED. EQUIP.	47	102		28,405.21	278.48	.015	604.37	4.22
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	16	16		4,449.31	278.08	.002	278.08	.66
MEDICAL TRANSPORTATION	319	11,473		54,355.87	4.74	1.704	170.39	8.07
AMBULANCES/AIR TRANS	10	157		1,595.66	10.16	.023	159.57	.24
OTHER TRANS	135	9,150		36,089.94	3.94	1.359	267.33	5.36
OTHER SERVICES	195	2,166		16,670.27	7.70	.322	85.49	2.48
ACUPUNCTURE	5	14		259.51	18.54	.002	51.90	.04
ADULT DAY HEALTH CARE CTR	14	130		8,670.50	66.70	.019	619.32	1.29
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	222	12,215		397,952.64	32.58	1.814	1792.58	59.10
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	194	429		6,123.71	14.27	.064	31.57	.91
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	4	9		29.80	3.31	.001	7.45	.00
PROSTHETIST/ORTHOTISTS	11	23		375.86	16.34	.003	34.17	.06
PROSTHETICS	11	23		375.86	16.34	.003	34.17	.06
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	53	138		7,263.32	52.63	.020	137.04	1.08

HOSPICE SERVICES	1	16		1,855.08	115.94	.002	1855.08	.28
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	89		650.98	7.31	.013	162.75	.10
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	789	169,009		61,550.55	.36	25.098	78.01	9.14
@CALIF. CHILDREN SERVICES*	6	17	\$	18,127.24	\$ 1066.31	.003	\$ 3021.21	\$ 2.69
@XOVER EXCLUDING STATE HOSP**	2,306	17,512	\$	407,549.88	\$ 23.27	2.601	\$ 176.73	\$ 60.52

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,609
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED	AID CODE 18

2,882 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,594	305,416	\$ 1,434,712.02	\$ 4.70	105.974	\$ 553.09	\$ 497.82
@PHYSICIANS SERVICES	497	1,465	\$ 19,289.25	\$ 13.17	.508	\$ 38.81	\$ 6.69
OUTPATIENT VISITS	36	49	1,526.61	31.16	.017	42.41	.53
OFFICE VISITS	34	45	1,295.98	28.80	.016	38.12	.45
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	221.03	73.68	.001	73.68	.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	9.60	9.60	.000	9.60	.00
INPATIENT VISITS	2	5	308.81	61.76	.002	154.41	.11
HOSPITAL VISITS	2	5	308.81	61.76	.002	154.41	.11
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	13	13	364.10	28.01	.005	28.01	.13
EXAMINATIONS	13	13	364.10	28.01	.005	28.01	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	234.18	234.18	.000	234.18	.08
PRINCIPAL SURGEON	1	1	234.18	234.18	.000	234.18	.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	8	277.69	34.71	.003	138.85	.10
PRINCIPAL SURGEON	1	1	30.53	30.53	.000	30.53	.01
ASSISTANT SURGEON	1	1	134.77	134.77	.000	134.77	.05
ANESTHESIOLOGIST	1	6	112.39	18.73	.002	112.39	.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	13	32.51	2.50	.005	4.64	.01
RADIOLOGY	4	8	296.88	37.11	.003	74.22	.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	8	72.46	9.06	.003	10.35	.03
OTHER SERVICES/ALL X-OVERS	456	1,360	16,176.01	11.89	.472	35.47	5.61
@PHARMACY	2,200	54,896	\$ 639,438.47	\$ 11.65	19.048	\$ 290.65	\$ 221.87
PRESCRIPTION DRUGS	2,156	11,112	588,589.29	52.97	3.856	273.00	204.23
SNF/ICF	59	303	12,218.08	40.32	.105	207.09	4.24
OUTPATIENTS	2,108	10,809	576,371.21	53.32	3.751	273.42	199.99
MEDICAL SUPPLIES	379	43,784	50,849.18	1.16	15.192	134.17	17.64
@DENTIST	108	429	\$ 22,970.94	\$ 53.55	.149	\$ 212.69	\$ 7.97
VISITS - DIAGNOSTIC	69	234	3,382.94	14.46	.081	49.03	1.17
ORAL SURGERY	10	41	1,810.00	44.15	.014	181.00	.63

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	455.00	113.75	.001	113.75	.16
ENDODONTICS	2	4	1,020.00	255.00	.001	510.00	.35
RESTORATIVE DENTISTRY	19	55	5,054.00	91.89	.019	266.00	1.75
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	26	89	11,249.00	126.39	.031	432.65	3.90
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,610
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

2,882 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	38	104	\$ 1,891.18	\$ 18.18	.036	\$ 49.77	\$.66
DIAGNOSTIC AND ANC. PROCED	7	7	236.80	33.83	.002	33.83	.08
EYE APPLIANCES	31	93	1,604.81	17.26	.032	51.77	.56
OTHER OPTOMETRIC SERVICES	3	4	49.57	12.39	.001	16.52	.02
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	71	100	\$ 1,398.37	\$ 13.98	.035	\$ 19.70	\$.49
MEDICINE/INJECTIONS	27	28	608.40	21.73	.010	22.53	.21
SURGERY/ANES.	2	4	94.04	23.51	.001	47.02	.03
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	43	68	695.93	10.23	.024	16.18	.24
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	3	27	\$ 67.42	\$ 2.50	.009	\$ 22.47	\$.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	277	1,275	\$ 85,151.29	\$ 66.79	.442	\$ 307.41	\$ 29.55
HOSP INPATIENT TOTAL	55	470	68,676.88	146.12	.163	1248.67	23.83
HSC HOSPITALS	2	3	2,520.00	840.00	.001	1260.00	.87
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	53	467	66,156.88	141.66	.162	1248.24	22.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	247	805	16,474.41	20.47	.279	66.70	5.72
MEDICAL	1	1	53.96	53.96	.000	53.96	.02
SURGERY	0	0	42.00	.00	.000	.00	.01
PATHOLOGY	9	41	462.57	11.28	.014	51.40	.16
RADIOLOGY	1	1	18.71	18.71	.000	18.71	.01
ROOM USE	2	2	208.02	104.01	.001	104.01	.07
CROSSOVERS/ALL OTH OUTPTNT	237	760	15,689.15	20.64	.264	66.20	5.44
@COUNTY HOSPITAL TOTAL	13	54	\$ 5,211.47	\$ 96.51	.019	\$ 400.88	\$ 1.81
CO HOSPITAL INPATIENT TOTAL	2	21	1,604.00	76.38	.007	802.00	.56
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	21	1,604.00	76.38	.007	802.00	.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	33	3,607.47	109.32	.011	327.95	1.25
MEDICAL	1	1	19.00	19.00	.000	19.00	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	47.98	12.00	.001	47.98	.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.11	34.11	.000	34.11	.01
CROSSOVERS/ALL OTH OUTPTNT	10	27	3,506.38	129.87	.009	350.64	1.22

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,611
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

	2,882 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	265		1,221	\$ 79,939.82	\$ 65.47	.424	\$ 301.66	\$ 27.74
COMM HOSP INPATIENT TOTAL	53		449	67,072.88	149.38	.156	1265.53	23.27
HSC HOSPITALS	2		3	2,520.00	840.00	.001	1260.00	.87
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	51		446	64,552.88	144.74	.155	1265.74	22.40
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	237		772	12,866.94	16.67	.268	54.29	4.46
MEDICAL	0		0	34.96	.00	.000	.00	.01
SURGERY	0		0	42.00	.00	.000	.00	.01
PATHOLOGY	9		37	414.59	11.21	.013	46.07	.14
RADIOLOGY	1		1	18.71	18.71	.000	18.71	.01
ROOM USE	1		1	173.91	173.91	.000	173.91	.06
CROSSOVERS/ALL OTH OUTPTNT	227		733	12,182.77	16.62	.254	53.67	4.23
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	96		1,579	\$ 266,500.54	\$ 168.78	.548	\$ 2776.05	\$ 92.47
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1		11	1,209.30	109.94	.004	1209.30	.42
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	95		1,568	265,291.24	169.19	.544	2792.54	92.05
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	28		34	\$ 12,765.09	\$ 375.44	.012	\$ 455.90	\$ 4.43
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	28		34	12,765.09	375.44	.012	455.90	4.43

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	28	66	\$	531.95	\$	8.06	.023	\$	19.00	\$	.18
PATHOLOGY	1	1		24.79		24.79	.000		24.79		.01
XO AND OTHERS	27	65		507.16		7.80	.023		18.78		.18
@ORGANIZED OUTPATIENT CLINIC	32	74	\$	2,625.15	\$	35.48	.026	\$	82.04	\$	.91
CLINIC	3	29		557.67		19.23	.010		185.89		.19
SURGICENTER	1	1		123.00		123.00	.000		123.00		.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	28	44		1,944.48		44.19	.015		69.45		.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 11,612
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										
	AID CODE 18										

								----- MONTHLY AVERAGE -----			
2,882 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES		AVERAGE COST	UNITS/DAYS	COST PER		COST PER	
			OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE	
@ALL OTHER PROVIDERS	1,261	245,367	\$	382,082.37	\$	1.56	85.138	\$	303.00	\$	132.58
DURABLE MED. EQUIP.	59	165		15,535.41		94.15	.057		263.31		5.39
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	4		1,854.11		463.53	.001		618.04		.64
MEDICAL TRANSPORTATION	249	8,505		37,900.08		4.46	2.951		152.21		13.15
AMBULANCES/AIR TRANS	9	44		970.66		22.06	.015		107.85		.34
OTHER TRANS	113	6,980		24,653.02		3.53	2.422		218.17		8.55
OTHER SERVICES	143	1,481		12,276.40		8.29	.514		85.85		4.26
ACUPUNCTURE	7	14		259.51		18.54	.005		37.07		.09
ADULT DAY HEALTH CARE CTR	117	1,529		102,081.48		66.76	.531		872.49		35.42
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	402	3,064		143,767.55		46.92	1.063		357.63		49.88
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	57	137		2,228.04		16.26	.048		39.09		.77
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	6	13	18.93	1.46	.005	3.16	.01
PROSTHETIST/ORTHOTISTS	8	19	488.45	25.71	.007	61.06	.17
PROSTHETICS	8	19	488.45	25.71	.007	61.06	.17
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	33	76	4,479.58	58.94	.026	135.74	1.55
HOSPICE SERVICES	1	18	1,931.04	107.28	.006	1931.04	.67
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	702	231,823	71,538.19	.31	80.438	101.91	24.82
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,102	36,355	\$ 250,843.38	\$ 6.90	12.615	\$ 227.63	\$ 87.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,613
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	108	17,546	\$ 71,913.86	\$ 4.10	139.254	\$ 665.87	\$ 570.74
@PHYSICIANS SERVICES	23	80	\$ 1,708.01	\$ 21.35	.635	\$ 74.26	\$ 13.56
OUTPATIENT VISITS	6	9	214.03	23.78	.071	35.67	1.70
OFFICE VISITS	6	9	214.03	23.78	.071	35.67	1.70
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	32	611.68	19.12	.254	611.68	4.85
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	32	611.68	19.12	.254	611.68	4.85
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	58.76	29.38	.016	29.38	.47
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.008	13.76	.11
OTHER SERVICES/ALL X-OVERS	16	36	809.78	22.49	.286	50.61	6.43
@PHARMACY	95	848	\$ 50,814.55	\$ 59.92	6.730	\$ 534.89	\$ 403.29
PRESCRIPTION DRUGS	92	644	49,219.12	76.43	5.111	534.99	390.63

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	92	644	49,219.12	76.43	5.111	534.99	390.63
MEDICAL SUPPLIES	24	204	1,595.43	7.82	1.619	66.48	12.66
@DENTIST	3	15	\$ 788.00	\$ 52.53	.119	\$ 262.67	\$ 6.25
VISITS - DIAGNOSTIC	3	9	201.00	22.33	.071	67.00	1.60
ORAL SURGERY	1	1	45.00	45.00	.008	45.00	.36
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	2	400.00	200.00	.016	400.00	3.17
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3	142.00	47.33	.024	142.00	1.13
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 11,614
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						AID CODE 28
----- MONTHLY AVERAGE -----							
126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.024	\$ 53.11	\$.42
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.024	53.11	.42
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	4	\$ 158.87	\$ 39.72	.032	\$ 79.44	\$ 1.26
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	4	158.87	39.72	.032	79.44	1.26
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	7	11	\$ 359.66	\$ 32.70	.087	\$ 51.38	\$ 2.85
HOSP INPATIENT TOTAL	0	0	58.05CR	.00	.000	.00	.46CR
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	58.05CR	.00	.000	.00	.46CR
ACCOMMODATIONS	0	0	58.05CR	.00	.000	.00	.46CR
ADMINISTRATIVE DAYS	0	0	58.05CR	.00	.000	.00	.46CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	11	417.71	37.97	.087	59.67	3.32
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	26.54	13.27	.016	26.54	.21

RADIOLOGY	1	1	89.38	89.38	.008	89.38	.71
ROOM USE	1	2	174.42	87.21	.016	174.42	1.38
CROSSOVERS/ALL OTH OUTPTNT	5	6	127.37	21.23	.048	25.47	1.01
@COUNTY HOSPITAL TOTAL	2	3	\$ 174.83	\$ 58.28	.024	\$ 87.42	\$ 1.39
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	3	174.83	58.28	.024	87.42	1.39
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	174.42	87.21	.016	174.42	1.38
CROSSOVERS/ALL OTH OUTPTNT	1	1	.41	.41	.008	.41	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 11,615
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						AID CODE 28

126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	5	8	\$ 184.83	\$ 23.10	.063	\$ 36.97	\$ 1.47
COMM HOSP INPATIENT TOTAL	0	0	58.05CR	.00	.000	.00	.46CR
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	58.05CR	.00	.000	.00	.46CR
ACCOMMODATIONS	0	0	58.05CR	.00	.000	.00	.46CR
ADMINISTRATIVE DAYS	0	0	58.05CR	.00	.000	.00	.46CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	8	242.88	30.36	.063	48.58	1.93
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	26.54	13.27	.016	26.54	.21
RADIOLOGY	1	1	89.38	89.38	.008	89.38	.71
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	5	126.96	25.39	.040	31.74	1.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$ 2,131.50	\$.00	.000	\$ 2131.50	\$ 16.92
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	2,131.50	.00	.000	2131.50	16.92
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.000		.00		.00
ICF DD	0	0		.00		.000		.00		.00
ICF DDN/DDCN	0	0		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.000		.00		.00
@LABORATORY FACILITY	2	2	\$	28.37	\$	14.19	\$	14.19	\$	.23
PATHOLOGY	1	1		4.37		.008		4.37		.03
XO AND OTHERS	1	1		24.00		.008		24.00		.19
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.000		.00		.00
SURGICENTER	0	0		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									
MOP024	FEE-FOR-SERVICE/DENTAL									
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND									
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126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	55	16,583	\$ 15,871.79	\$.96	131.611	\$ 288.58	\$ 125.97
DURABLE MED. EQUIP.	2	3	96.98	32.33	.024	48.49	.77
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	95	584.31	6.15	.754	73.04	4.64
AMBULANCES/AIR TRANS	2	14	256.92	18.35	.111	128.46	2.04
OTHER TRANS	6	74	304.20	4.11	.587	50.70	2.41
OTHER SERVICES	1	7	23.19	3.31	.056	23.19	.18
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	32	258	12,432.88	48.19	2.048	388.53	98.67
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	5	92.54	18.51	.040	30.85	.73
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	35	16,222	2,665.08	.16	128.746	76.15	21.15
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	41	104	\$ 3,935.32	\$ 37.84	.825	\$ 95.98	\$ 31.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

				AID CODE 68		----- MONTHLY AVERAGE -----		
1,718 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,610	273,184	\$ 1,520,456.71	\$ 5.57	159.013	\$ 944.38	\$ 885.02	
@PHYSICIANS SERVICES	374	1,622	\$ 27,880.09	\$ 17.19	.944	\$ 74.55	\$ 16.23	
OUTPATIENT VISITS	43	66	2,274.82	34.47	.038	52.90	1.32	
OFFICE VISITS	34	53	1,735.52	32.75	.031	51.04	1.01	
HOME VISITS	1	3	60.65	20.22	.002	60.65	.04	
EMERGENCY ROOM	6	6	368.85	61.48	.003	61.48	.21	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	4	4	109.80	27.45	.002	27.45	.06	
INPATIENT VISITS	3	9	424.80	47.20	.005	141.60	.25	
HOSPITAL VISITS	3	9	424.80	47.20	.005	141.60	.25	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	6	6	191.32	31.89	.003	31.89	.11	
EXAMINATIONS	6	6	191.32	31.89	.003	31.89	.11	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	2	27	749.37	27.75	.016	374.69	.44	
PRINCIPAL SURGEON	1	1	257.20	257.20	.001	257.20	.15	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	26	492.17	18.93	.015	246.09	.29	
OUTPATIENT SURGERY	8	16	3,792.82	237.05	.009	474.10	2.21	
PRINCIPAL SURGEON	7	11	3,684.80	334.98	.006	526.40	2.14	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	5	108.02	21.60	.003	108.02	.06	
DIALYSIS	2	5	1,125.20	225.04	.003	562.60	.65	
PATHOLOGY	6	7	135.30	19.33	.004	22.55	.08	

RADIOLOGY	14	29		1,497.87		51.65	.017	106.99	.87
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	11		91.26		8.30	.006	11.41	.05
OTHER SERVICES/ALL X-OVERS	320	1,446		17,597.33		12.17	.842	54.99	10.24
@PHARMACY	1,457	34,377	\$	688,085.41	\$	20.02	20.010	\$ 472.26	\$ 400.52
PRESCRIPTION DRUGS	1,426	8,679		646,481.68		74.49	5.052	453.35	376.30
SNF/ICF	10	137		6,167.49		45.02	.080	616.75	3.59
OUTPATIENTS	1,417	8,542		640,314.19		74.96	4.972	451.88	372.71
MEDICAL SUPPLIES	302	25,698		41,603.73		1.62	14.958	137.76	24.22
@DENTIST	127	723	\$	31,304.80	\$	43.30	.421	\$ 246.49	\$ 18.22
VISITS - DIAGNOSTIC	79	375		4,693.80		12.52	.218	59.42	2.73
ORAL SURGERY	21	63		2,819.00		44.75	.037	134.24	1.64
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	1	1		.00		.00	.001	.00	.00
PERIODONTICS	13	15		2,710.00		180.67	.009	208.46	1.58
ENDODONTICS	2	2		520.00		260.00	.001	260.00	.30
RESTORATIVE DENTISTRY	33	175		9,040.00		51.66	.102	273.94	5.26
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	30	92		11,522.00		125.24	.054	384.07	6.71
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 11,618
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								AID CODE 68

1,718 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	49	134	\$ 2,268.73	\$ 16.93	.078	\$ 46.30	\$ 1.32
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.002	47.45	.11
EYE APPLIANCES	44	118	2,049.37	17.37	.069	46.58	1.19
OTHER OPTOMETRIC SERVICES	6	12	29.56	2.46	.007	4.93	.02
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.001	\$ 33.44	\$.02
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	2	33.44	16.72	.001	33.44	.02
@PODIATRIST	62	117	\$ 2,806.70	\$ 23.99	.068	\$ 45.27	\$ 1.63
MEDICINE/INJECTIONS	15	17	423.00	24.88	.010	28.20	.25
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	11.25	11.25	.001	11.25	.01
OTHER	49	99	2,372.45	23.96	.058	48.42	1.38
@HOME HEALTH AGENCY	4	12	\$ 642.86	\$ 53.57	.007	\$ 160.72	\$.37
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	204	1,109	\$ 60,138.50	\$ 54.23	.646	\$ 294.80	\$ 35.00
HOSP INPATIENT TOTAL	17	152	28,237.29	185.77	.088	1661.02	16.44
HSC HOSPITALS	5	16	16,388.00	1024.25	.009	3277.60	9.54
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	12	136		11,849.29	87.13	.079	987.44	6.90
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	197	957		31,901.21	33.33	.557	161.94	18.57
MEDICAL	24	39		1,343.35	34.44	.023	55.97	.78
SURGERY	9	31		1,437.00	46.35	.018	159.67	.84
PATHOLOGY	22	170		1,630.22	9.59	.099	74.10	.95
RADIOLOGY	12	17		553.12	32.54	.010	46.09	.32
ROOM USE	36	68		3,100.92	45.60	.040	86.14	1.80
CROSSOVERS/ALL OTH OUTPTNT	166	632		23,836.60	37.72	.368	143.59	13.87
@COUNTY HOSPITAL TOTAL	41	412	\$	24,017.95	\$ 58.30	.240	\$ 585.80	\$ 13.98
CO HOSPITAL INPATIENT TOTAL	4	14		7,080.00	505.71	.008	1770.00	4.12
HSC HOSPITALS	3	6		6,288.00	1048.00	.003	2096.00	3.66
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	8		792.00	99.00	.005	792.00	.46
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	40	398		16,937.95	42.56	.232	423.45	9.86
MEDICAL	22	37		1,285.72	34.75	.022	58.44	.75
SURGERY	6	27		897.31	33.23	.016	149.55	.52
PATHOLOGY	13	102		1,026.21	10.06	.059	78.94	.60
RADIOLOGY	9	18		652.24	36.24	.010	72.47	.38
ROOM USE	23	45		1,906.76	42.37	.026	82.90	1.11
CROSSOVERS/ALL OTH OUTPTNT	22	169		11,169.71	66.09	.098	507.71	6.50

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SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

1,718 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	168	697	\$ 36,120.55	\$ 51.82	.406	\$ 215.00	\$ 21.02
COMM HOSP INPATIENT TOTAL	13	138	21,157.29	153.31	.080	1627.48	12.32
HSC HOSPITALS	2	10	10,100.00	1010.00	.006	5050.00	5.88
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	11	128	11,057.29	86.39	.075	1005.21	6.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	161	559	14,963.26	26.77	.325	92.94	8.71
MEDICAL	3	2	57.63	28.82	.001	19.21	.03
SURGERY	4	4	539.69	134.92	.002	134.92	.31
PATHOLOGY	11	68	604.01	8.88	.040	54.91	.35
RADIOLOGY	3	1CR	99.12CR	99.12	.001CR	33.04CR	.06CR
ROOM USE	15	23	1,194.16	51.92	.013	79.61	.70
CROSSOVERS/ALL OTH OUTPTNT	144	463	12,666.89	27.36	.269	87.96	7.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	14	152	\$ 37,391.35	\$ 246.00	.088	\$ 2670.81	\$ 21.76
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	14	152	37,391.35	246.00	.088	2670.81	21.76
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	54	113	\$ 45,900.12	\$ 406.20	.066	\$ 850.00	\$ 26.72
HOSPITAL BASED	2	51	16,326.59	320.13	.030	8163.30	9.50
HEMODIALYSIS CENTER	52	62	29,573.53	476.99	.036	568.72	17.21
@REHABILITATION FACILITY	10	98	\$ 2,340.36	\$ 23.88	.057	\$ 234.04	\$ 1.36
HOSPITAL BASED	10	98	2,340.36	23.88	.057	234.04	1.36
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	25	107	\$ 715.35	\$ 6.69	.062	\$ 28.61	\$.42
PATHOLOGY	13	71	335.61	4.73	.041	25.82	.20
XO AND OTHERS	12	36	379.74	10.55	.021	31.65	.22
@ORGANIZED OUTPATIENT CLINIC	23	27	\$ 2,006.47	\$ 74.31	.016	\$ 87.24	\$ 1.17
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	2	29.20	14.60	.001	29.20	.02
RURAL HEALTH CLINIC	22	25	1,977.27	79.09	.015	89.88	1.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 11,620
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED						AID CODE 68

1,718 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	726	234,591	\$ 618,942.53	\$ 2.64	136.549	\$ 852.54	\$ 360.27
DURABLE MED. EQUIP.	56	135	39,329.36	291.33	.079	702.31	22.89
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	5	2,647.08	529.42	.003	1323.54	1.54
MEDICAL TRANSPORTATION	143	15,984	54,985.30	3.44	9.304	384.51	32.01
AMBULANCES/AIR TRANS	8	101	1,275.76	12.63	.059	159.47	.74
OTHER TRANS	81	15,009	46,960.57	3.13	8.736	579.76	27.33
OTHER SERVICES	64	874	6,748.97	7.72	.509	105.45	3.93
ACUPUNCTURE	18	30	540.65	18.02	.017	30.04	.31
ADULT DAY HEALTH CARE CTR	54	597	40,030.43	67.05	.347	741.30	23.30
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	83	16,522	413,199.12	25.01	9.617	4978.30	240.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	43	96	1,457.14	15.18	.056	33.89	.85
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	2.54	2.54	.001	2.54	.00
PROSTHETIST/ORTHOTISTS	8	49	4,754.99	97.04	.029	594.37	2.77
PROSTHETICS	8	49	4,754.99	97.04	.029	594.37	2.77
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	28	40.32	1.44	.016	10.08	.02
SPEECH AND AUDIOLOGY	9	25	829.66	33.19	.015	92.18	.48
HOSPICE SERVICES	0	0	578.88	.00	.000	.00	.34
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.57	9.57	.001	9.57	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	467	201,118		60,537.49		.30	117.065	129.63	35.24
@CALIF. CHILDREN SERVICES*	9	1,799	\$	7,233.58	\$	4.02	1.047	\$ 803.73	\$ 4.21
@XOVER EXCLUDING STATE HOSP**	766	41,391	\$	146,222.53	\$	3.53	24.093	\$ 190.89	\$ 85.11

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

	4,726 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,312	596,146	\$	3,027,082.59	\$ 5.08	126.142	\$ 702.01	\$ 640.52
@PHYSICIANS SERVICES	894	3,167	\$	48,877.35	\$ 15.43	.670	\$ 54.67	\$ 10.34
OUTPATIENT VISITS	85	124		4,015.46	32.38	.026	47.24	.85
OFFICE VISITS	74	107		3,245.53	30.33	.023	43.86	.69
HOME VISITS	1	3		60.65	20.22	.001	60.65	.01
EMERGENCY ROOM	9	9		589.88	65.54	.002	65.54	.12
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5		119.40	23.88	.001	23.88	.03
INPATIENT VISITS	5	14		733.61	52.40	.003	146.72	.16
HOSPITAL VISITS	5	14		733.61	52.40	.003	146.72	.16
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	19	19		555.42	29.23	.004	29.23	.12
EXAMINATIONS	19	19		555.42	29.23	.004	29.23	.12
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	60		1,595.23	26.59	.013	398.81	.34
PRINCIPAL SURGEON	2	2		491.38	245.69	.000	245.69	.10
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	58		1,103.85	19.03	.012	367.95	.23
OUTPATIENT SURGERY	10	24		4,070.51	169.60	.005	407.05	.86
PRINCIPAL SURGEON	8	12		3,715.33	309.61	.003	464.42	.79
ASSISTANT SURGEON	1	1		134.77	134.77	.000	134.77	.03
ANESTHESIOLOGIST	2	11		220.41	20.04	.002	110.21	.05
DIALYSIS	2	5		1,125.20	225.04	.001	562.60	.24
PATHOLOGY	13	20		167.81	8.39	.004	12.91	.04
RADIOLOGY	20	39		1,853.51	47.53	.008	92.68	.39
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	16	20		177.48	8.87	.004	11.09	.04
OTHER SERVICES/ALL X-OVERS	792	2,842		34,583.12	12.17	.601	43.67	7.32
@PHARMACY	3,752	90,121	\$	1,378,338.43	\$ 15.29	19.069	\$ 367.36	\$ 291.65
PRESCRIPTION DRUGS	3,674	20,435		1,284,290.09	62.85	4.324	349.56	271.75
SNF/ICF	69	440		18,385.57	41.79	.093	266.46	3.89
OUTPATIENTS	3,617	19,995		1,265,904.52	63.31	4.231	349.99	267.86
MEDICAL SUPPLIES	705	69,686		94,048.34	1.35	14.745	133.40	19.90
@DENTIST	238	1,167	\$	55,063.74	\$ 47.18	.247	\$ 231.36	\$ 11.65
VISITS - DIAGNOSTIC	151	618		8,277.74	13.39	.131	54.82	1.75
ORAL SURGERY	32	105		4,674.00	44.51	.022	146.06	.99
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		.00	.00	.000	.00	.00
PERIODONTICS	18	21		3,565.00	169.76	.004	198.06	.75
ENDODONTICS	4	6		1,540.00	256.67	.001	385.00	.33
RESTORATIVE DENTISTRY	53	233		14,236.00	61.10	.049	268.60	3.01
PROSTHETICS	1	1		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	56	181	22,771.00	125.81	.038	406.63	4.82
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
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4,726 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	88	241	\$ 4,213.02	\$ 17.48	.051	\$ 47.88	\$.89
DIAGNOSTIC AND ANC. PROCED	11	11	426.60	38.78	.002	38.78	.09
EYE APPLIANCES	76	214	3,707.29	17.32	.045	48.78	.78
OTHER OPTOMETRIC SERVICES	9	16	79.13	4.95	.003	8.79	.02
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.000	\$ 33.44	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.01
@PODIATRIST	135	221	\$ 4,363.94	\$ 19.75	.047	\$ 32.33	\$.92
MEDICINE/INJECTIONS	42	45	1,031.40	22.92	.010	24.56	.22
SURGERY/ANES.	2	4	94.04	23.51	.001	47.02	.02
RADIO./PATHOLOGY	1	1	11.25	11.25	.000	11.25	.00
OTHER	94	171	3,227.25	18.87	.036	34.33	.68
@HOME HEALTH AGENCY	4	12	\$ 642.86	\$ 53.57	.003	\$ 160.72	\$.14
NURSE ANESTHESIST	3	27	\$ 67.42	\$ 2.50	.006	\$ 22.47	\$.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	488	2,395	\$ 145,649.45	\$ 60.81	.507	\$ 298.46	\$ 30.82
HOSP INPATIENT TOTAL	72	622	96,856.12	155.72	.132	1345.22	20.49
HSC HOSPITALS	7	19	18,908.00	995.16	.004	2701.14	4.00

NON-HSC HOSPITAL TOTAL	0	0	58.05CR	.00	.000	.00	.01CR
ACCOMMODATIONS	0	0	58.05CR	.00	.000	.00	.01CR
ADMINISTRATIVE DAYS	0	0	58.05CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	65	603	78,006.17	129.36	.128	1200.09	16.51
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	451	1,773	48,793.33	27.52	.375	108.19	10.32
MEDICAL	25	40	1,397.31	34.93	.008	55.89	.30
SURGERY	9	31	1,479.00	47.71	.007	164.33	.31
PATHOLOGY	32	213	2,119.33	9.95	.045	66.23	.45
RADIOLOGY	14	19	661.21	34.80	.004	47.23	.14
ROOM USE	39	72	3,483.36	48.38	.015	89.32	.74
CROSSOVERS/ALL OTH OUTPTNT	408	1,398	39,653.12	28.36	.296	97.19	8.39
@COUNTY HOSPITAL TOTAL	56	469	\$ 29,404.25	\$ 62.70	.099	\$ 525.08	\$ 6.22
CO HOSPITAL INPATIENT TOTAL	6	35	8,684.00	248.11	.007	1447.33	1.84
HSC HOSPITALS	3	6	6,288.00	1048.00	.001	2096.00	1.33
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	29	2,396.00	82.62	.006	798.67	.51
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	53	434	20,720.25	47.74	.092	390.95	4.38
MEDICAL	23	38	1,304.72	34.33	.008	56.73	.28
SURGERY	6	27	897.31	33.23	.006	149.55	.19
PATHOLOGY	14	106	1,074.19	10.13	.022	76.73	.23
RADIOLOGY	9	18	652.24	36.24	.004	72.47	.14
ROOM USE	25	48	2,115.29	44.07	.010	84.61	.45
CROSSOVERS/ALL OTH OUTPTNT	33	197	14,676.50	74.50	.042	444.74	3.11

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	4,726 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	438	1,926	\$	116,245.20	\$ 60.36	.408	\$ 265.40	\$ 24.60
COMM HOSP INPATIENT TOTAL	66	587		88,172.12	150.21	.124	1335.94	18.66
HSC HOSPITALS	4	13		12,620.00	970.77	.003	3155.00	2.67
NON-HSC HOSPITALS TOTAL	0	0		58.05CR	.00	.000	.00	.01CR
ACCOMMODATIONS	0	0		58.05CR	.00	.000	.00	.01CR
ADMINISTRATIVE DAYS	0	0		58.05CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	62	574		75,610.17	131.73	.121	1219.52	16.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	403	1,339		28,073.08	20.97	.283	69.66	5.94
MEDICAL	3	2		92.59	46.30	.000	30.86	.02
SURGERY	4	4		581.69	145.42	.001	145.42	.12
PATHOLOGY	21	107		1,045.14	9.77	.023	49.77	.22
RADIOLOGY	5	1		8.97	8.97	.000	1.79	.00
ROOM USE	16	24		1,368.07	57.00	.005	85.50	.29

CROSSOVERS/ALL OTH OUTPTNT	375	1,201		24,976.62	20.80	.254	66.60	5.28
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	111	1,731	\$	306,023.39	\$ 176.79	.366	\$ 2756.97	\$ 64.75
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	11		1,209.30	109.94	.002	1209.30	.26
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	110	1,720		304,814.09	177.22	.364	2771.04	64.50
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	82	147	\$	58,665.21	\$ 399.08	.031	\$ 715.43	\$ 12.41
HOSPITAL BASED	2	51		16,326.59	320.13	.011	8163.30	3.45
HEMODIALYSIS CENTER	80	96		42,338.62	441.03	.020	529.23	8.96
@REHABILITATION FACILITY	10	98	\$	2,340.36	\$ 23.88	.021	\$ 234.04	\$.50
HOSPITAL BASED	10	98		2,340.36	23.88	.021	234.04	.50
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	55	175	\$	1,275.67	\$ 7.29	.037	\$ 23.19	\$.27
PATHOLOGY	15	73		364.77	5.00	.015	24.32	.08
XO AND OTHERS	40	102		910.90	8.93	.022	22.77	.19
@ORGANIZED OUTPATIENT CLINIC	55	101	\$	4,631.62	\$ 45.86	.021	\$ 84.21	\$.98
CLINIC	3	29		557.67	19.23	.006	185.89	.12
SURGICENTER	1	1		123.00	123.00	.000	123.00	.03
HEROIN DETOX CLINIC	1	2		29.20	14.60	.000	29.20	.01
RURAL HEALTH CLINIC	50	69		3,921.75	56.84	.015	78.44	.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT							

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4,726 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,042	496,541	\$	1,016,896.69	\$ 2.05	105.066	\$ 497.99	\$ 215.17							
DURABLE MED. EQUIP.	117	303		54,961.75	181.39	.064	469.76	11.63							
BLOOD BANK	0	0		.00	.00	.000	.00	.00							
HEARING AID DISPENSERS	5	9		4,501.19	500.13	.002	900.24	.95							
MEDICAL TRANSPORTATION	400	24,584		93,469.69	3.80	5.202	233.67	19.78							
AMBULANCES/AIR TRANS	19	159		2,503.34	15.74	.034	131.75	.53							
OTHER TRANS	200	22,063		71,917.79	3.26	4.668	359.59	15.22							
OTHER SERVICES	208	2,362		19,048.56	8.06	.500	91.58	4.03							
ACUPUNCTURE	25	44		800.16	18.19	.009	32.01	.17							
ADULT DAY HEALTH CARE CTR	171	2,126		142,111.91	66.84	.450	831.06	30.07							
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00							
IHMC,MODEL-NF,NF,AIDS,MSSP	517	19,844		569,399.55	28.69	4.199	1101.35	120.48							
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00							
OPTICIAN	103	238		3,777.72	15.87	.050	36.68	.80							
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00							
PORTABLE X-RAY	7	14		21.47	1.53	.003	3.07	.00							
PROSTHETIST/ORTHOTISTS	16	68		5,243.44	77.11	.014	327.72	1.11							
PROSTHETICS	16	68		5,243.44	77.11	.014	327.72	1.11							
ORTHOTICS	0	0		.00	.00	.000	.00	.00							
PSYCHOLOGIST	4	28		40.32	1.44	.006	10.08	.01							
SPEECH AND AUDIOLOGY	42	101		5,309.24	52.57	.021	126.41	1.12							

HOSPICE SERVICES	1	18		2,509.92	139.44	.004	2509.92	.53
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1		9.57	9.57	.000	9.57	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,204	449,163		134,740.76	.30	95.041	111.91	28.51
@CALIF. CHILDREN SERVICES*	9	1,799	\$	7,233.58	\$ 4.02	.381	\$ 803.73	\$ 1.53
@XOVER EXCLUDING STATE HOSP**	1,909	77,850	\$	401,001.23	\$ 5.15	16.473	\$ 210.06	\$ 84.85

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,625
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED	

65,660 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	45,912	1,948,653	\$ 19,778,765.68	\$ 10.15	29.678	\$ 430.80	\$ 301.23
@PHYSICIANS SERVICES	10,180	32,756	\$ 493,335.30	\$ 15.06	.499	\$ 48.46	\$ 7.51
OUTPATIENT VISITS	461	628	20,947.06	33.36	.010	45.44	.32
OFFICE VISITS	434	575	17,570.96	30.56	.009	40.49	.27
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	44	50	3,295.08	65.90	.001	74.89	.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	81.02	27.01	.000	27.01	.00
INPATIENT VISITS	43	163	6,889.90	42.27	.002	160.23	.10
HOSPITAL VISITS	26	124	5,355.50	43.19	.002	205.98	.08
CRITICAL CARE	3	14	984.20	70.30	.000	328.07	.01
SNF/ICF/TRANS IP CARE	17	25	550.20	22.01	.000	32.36	.01
OPHTHALMOLOGICAL SERVICES	111	113	3,490.24	30.89	.002	31.44	.05
EXAMINATIONS	111	113	3,490.24	30.89	.002	31.44	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	52	5,365.66	103.19	.001	487.79	.08
PRINCIPAL SURGEON	9	11	3,554.35	323.12	.000	394.93	.05
ASSISTANT SURGEON	1	2	810.86	405.43	.000	810.86	.01
ANESTHESIOLOGIST	3	39	1,000.45	25.65	.001	333.48	.02
OUTPATIENT SURGERY	53	113	20,986.18	185.72	.002	395.97	.32
PRINCIPAL SURGEON	44	48	18,531.01	386.06	.001	421.16	.28
ASSISTANT SURGEON	2	2	309.01	154.51	.000	154.51	.00
ANESTHESIOLOGIST	18	63	2,146.16	34.07	.001	119.23	.03
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	116	197	1,339.35	6.80	.003	11.55	.02
RADIOLOGY	117	205	10,408.14	50.77	.003	88.96	.16
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	37	81	6,972.14	86.08	.001	188.44	.11
OTHER SERVICES/ALL X-OVERS	9,610	31,204	416,936.63	13.36	.475	43.39	6.35
@PHARMACY	39,478	509,047	\$ 9,569,215.49	\$ 18.80	7.753	\$ 242.39	\$ 145.74
PRESCRIPTION DRUGS	39,002	161,133	9,134,214.77	56.69	2.454	234.20	139.11
SNF/ICF	982	6,011	301,800.61	50.21	.092	307.33	4.60
OUTPATIENTS	38,137	155,122	8,832,414.16	56.94	2.363	231.60	134.52
MEDICAL SUPPLIES	3,763	347,914	435,000.72	1.25	5.299	115.60	6.63
@DENTIST	2,753	12,494	\$ 574,323.47	\$ 45.97	.190	\$ 208.62	\$ 8.75
VISITS - DIAGNOSTIC	1,787	7,608	90,553.98	11.90	.116	50.67	1.38
ORAL SURGERY	498	1,352	64,359.25	47.60	.021	129.24	.98

DRUGS	2	2	15.00	7.50	.000	7.50	.00
ANESTHESIA	6	6	200.00	33.33	.000	33.33	.00
PERIODONTICS	150	159	23,570.00	148.24	.002	157.13	.36
ENDODONTICS	59	66	13,128.00	198.91	.001	222.51	.20
RESTORATIVE DENTISTRY	557	1,446	110,188.75	76.20	.022	197.83	1.68
PROSTHETICS	28	29	795.00	27.41	.000	28.39	.01
DENTURES, STAYPLATES	742	1,814	271,388.49	149.61	.028	365.75	4.13
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.000	100.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	13	11	25.00	2.27	.000	1.92	.00
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED						

65,660 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,438	4,023	\$ 76,253.90	\$ 18.95	.061	\$ 53.03	\$ 1.16
DIAGNOSTIC AND ANC. PROCED	231	231	10,491.09	45.42	.004	45.42	.16
EYE APPLIANCES	1,142	3,449	58,699.93	17.02	.053	51.40	.89
OTHER OPTOMETRIC SERVICES	235	343	7,062.88	20.59	.005	30.05	.11
@CHIROPRACTOR	24	43	\$ 627.13	\$ 14.58	.001	\$ 26.13	\$.01
VISITS	12	20	326.75	16.34	.000	27.23	.00
OTHER SERVICES	12	23	300.38	13.06	.000	25.03	.00
@PODIATRIST	1,020	1,451	\$ 30,968.93	\$ 21.34	.022	\$ 30.36	\$.47
MEDICINE/INJECTIONS	173	194	4,260.25	21.96	.003	24.63	.06
SURGERY/ANES.	2	4	94.04	23.51	.000	47.02	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	851	1,251	26,580.04	21.25	.019	31.23	.40
@HOME HEALTH AGENCY	5	46	\$ 3,300.32	\$ 71.75	.001	\$ 660.06	\$.05
NURSE ANESTHESIST	71	199	\$ 2,093.69	\$ 10.52	.003	\$ 29.49	\$.03
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 8.00	\$ 8.00	.000	\$ 8.00	\$.00
@TOTAL HOSPITAL	3,891	19,271	\$ 3,189,445.99	\$ 165.50	.293	\$ 819.70	\$ 48.58
HOSP INPATIENT TOTAL	827	6,205	2,918,285.77	470.31	.095	3528.76	44.45
HSC HOSPITALS	410	2,818	2,521,307.10	894.72	.043	6149.53	38.40
NON-HSC HOSPITAL TOTAL	37	138	63,645.66	461.20	.002	1720.15	.97
ACCOMMODATIONS	37	138	25,535.76	185.04	.002	690.16	.39
ADMINISTRATIVE DAYS	30	121	21,175.38	175.00	.002	705.85	.32
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	17	4,360.38	256.49	.000	622.91	.07
ANCILLARIES	37	0	38,109.90	.00	.000	1030.00	.58
INPATIENT CROSSOVERS	402	3,249	333,333.01	102.60	.049	829.19	5.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,252	13,066	271,160.22	20.75	.199	83.38	4.13
MEDICAL	126	162	7,442.59	45.94	.002	59.07	.11
SURGERY	13	13	960.95	73.92	.000	73.92	.01
PATHOLOGY	215	928	10,816.07	11.66	.014	50.31	.16
RADIOLOGY	66	127	9,247.29	72.81	.002	140.11	.14
ROOM USE	138	175	7,513.44	42.93	.003	54.45	.11
CROSSOVERS/ALL OTH OUTPTNT	3,009	11,661	235,179.88	20.17	.178	78.16	3.58
@COUNTY HOSPITAL TOTAL	360	1,974	\$ 765,508.63	\$ 387.80	.030	\$ 2126.41	\$ 11.66
CO HOSPITAL INPATIENT TOTAL	123	1,056	739,259.88	700.06	.016	6010.24	11.26
HSC HOSPITALS	99	794	709,668.69	893.79	.012	7168.37	10.81

NON-HSC HOSPITALS TOTAL	12	47	11,965.25	254.58	.001	997.10	.18
ACCOMMODATIONS	12	47	7,590.97	161.51	.001	632.58	.12
ADMINISTRATIVE DAYS	12	47	7,590.97	161.51	.001	632.58	.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	12	0	4,374.28	.00	.000	364.52	.07
INPATIENT CROSSOVERS	24	215	17,625.94	81.98	.003	734.41	.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	240	918	26,248.75	28.59	.014	109.37	.40
MEDICAL	96	125	4,473.20	35.79	.002	46.60	.07
SURGERY	3	3	210.12	70.04	.000	70.04	.00
PATHOLOGY	73	281	3,339.60	11.88	.004	45.75	.05
RADIOLOGY	30	32	2,517.12	78.66	.000	83.90	.04
ROOM USE	101	122	4,811.27	39.44	.002	47.64	.07
CROSSOVERS/ALL OTH OUTPTNT	140	355	10,897.44	30.70	.005	77.84	.17

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					----- MONTHLY AVERAGE -----			
65,660 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,546	17,297	\$ 2,423,937.36	\$ 140.14	.263	\$ 683.57	\$ 36.92	
COMM HOSP INPATIENT TOTAL	704	5,149	2,179,025.89	423.19	.078	3095.21	33.19	
HSC HOSPITALS	311	2,024	1,811,638.41	895.08	.031	5825.20	27.59	
NON-HSC HOSPITALS TOTAL	25	91	51,680.41	567.92	.001	2067.22	.79	
ACCOMMODATIONS	25	91	17,944.79	197.20	.001	717.79	.27	
ADMINISTRATIVE DAYS	18	74	13,584.41	183.57	.001	754.69	.21	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	7	17	4,360.38	256.49	.000	622.91	.07	
ANCILLARIES	25	0	33,735.62	.00	.000	1349.42	.51	
INPATIENT CROSSOVERS	378	3,034	315,707.07	104.06	.046	835.20	4.81	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	3,024	12,148		244,911.47		20.16	.185	80.99	3.73
MEDICAL	30	37		2,969.39		80.25	.001	98.98	.05
SURGERY	10	10		750.83		75.08	.000	75.08	.01
PATHOLOGY	144	647		7,476.47		11.56	.010	51.92	.11
RADIOLOGY	37	95		6,730.17		70.84	.001	181.90	.10
ROOM USE	41	53		2,702.17		50.98	.001	65.91	.04
CROSSOVERS/ALL OTH OUTPTNT	2,875	11,306		224,282.44		19.84	.172	78.01	3.42
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1,308	26,071	\$	3,731,259.35	\$	143.12	.397	2852.64	56.83
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	3	30		3,506.97		116.90	.000	1168.99	.05
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	7	201		112,919.26		561.79	.003	16131.32	1.72
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1,303	25,840		3,614,833.12		139.89	.394	2774.24	55.05
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	317	398	\$	178,749.19	\$	449.12	.006	563.88	2.72
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	317	398		178,749.19		449.12	.006	563.88	2.72
@REHABILITATION FACILITY	2	10	\$	150.88	\$	15.09	.000	75.44	.00
HOSPITAL BASED	2	10		150.88		15.09	.000	75.44	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	489	1,311	\$	12,983.98	\$	9.90	.020	26.55	.20
PATHOLOGY	57	358		3,010.36		8.41	.005	52.81	.05
XO AND OTHERS	432	953		9,973.62		10.47	.015	23.09	.15
@ORGANIZED OUTPATIENT CLINIC	1,111	2,015	\$	98,784.12	\$	49.02	.031	88.91	1.50
CLINIC	21	286		5,421.92		18.96	.004	258.19	.08
SURGICENTER	52	167		15,642.95		93.67	.003	300.83	.24
HEROIN DETOX CLINIC	1	10		130.01		13.00	.000	130.01	.00
RURAL HEALTH CLINIC	1,037	1,552		77,589.24		49.99	.024	74.82	1.18

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
65,660 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	9,880	1,339,517	\$ 1,817,265.94	\$ 1.36	20.401	\$ 183.93	\$ 27.68	
DURABLE MED. EQUIP.	339	783	76,385.40	97.55	.012	225.33	1.16	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	95	111	38,193.21	344.08	.002	402.03	.58	
MEDICAL TRANSPORTATION	2,112	67,993	334,446.88	4.92	1.036	158.36	5.09	
AMBULANCES/AIR TRANS	115	693	13,453.68	19.41	.011	116.99	.20	
OTHER TRANS	766	53,432	206,914.30	3.87	.814	270.12	3.15	
OTHER SERVICES	1,353	13,868	114,078.90	8.23	.211	84.32	1.74	
ACUPUNCTURE	276	629	11,634.71	18.50	.010	42.15	.18	
ADULT DAY HEALTH CARE CTR	304	4,201	279,702.65	66.58	.064	920.07	4.26	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,250	9,564	462,206.64	48.33	.146	369.77	7.04	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1,614	3,815	53,399.81	14.00	.058	33.09	.81	
PHYSICAL THERAPIST	1	9	54.22	6.02	.000	54.22	.00	

PORTABLE X-RAY	25	49	146.56	2.99	.001	5.86	.00
PROSTHETIST/ORTHOTISTS	71	161	3,517.48	21.85	.002	49.54	.05
PROSTHETICS	68	155	3,304.04	21.32	.002	48.59	.05
ORTHOTICS	3	6	213.44	35.57	.000	71.15	.00
PSYCHOLOGIST	2	4	47.18	11.80	.000	23.59	.00
SPEECH AND AUDIOLOGY	408	920	58,922.63	64.05	.014	144.42	.90
HOSPICE SERVICES	33	786	98,367.70	125.15	.012	2980.84	1.50
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	9	122.42	13.60	.000	20.40	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5,113	1,250,483	400,118.45	.32	19.045	78.26	6.09
@CALIF. CHILDREN SERVICES*	2	1,408	\$ 234.53	\$.17	.021	\$ 117.27	\$.00
@XOVER EXCLUDING STATE HOSP**	16,498	213,621	\$ 2,204,257.74	\$ 10.32	3.253	\$ 133.61	\$ 33.57

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

6,431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,784	536,846	\$ 4,457,363.94	\$ 8.30	83.478	\$ 931.72	\$ 693.11
@PHYSICIANS SERVICES	1,751	6,014	\$ 213,920.53	\$ 35.57	.935	\$ 122.17	\$ 33.26
OUTPATIENT VISITS	841	1,263	44,573.19	35.29	.196	53.00	6.93
OFFICE VISITS	713	1,003	29,247.37	29.16	.156	41.02	4.55
HOME VISITS	25	27	1,003.50	37.17	.004	40.14	.16
EMERGENCY ROOM	139	177	11,882.84	67.13	.028	85.49	1.85
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	40	56	2,439.48	43.56	.009	60.99	.38
INPATIENT VISITS	145	754	33,689.78	44.68	.117	232.34	5.24
HOSPITAL VISITS	91	632	27,486.51	43.49	.098	302.05	4.27
CRITICAL CARE	10	19	2,713.98	142.84	.003	271.40	.42
SNF/ICF/TRANS IP CARE	56	103	3,489.29	33.88	.016	62.31	.54
OPHTHALMOLOGICAL SERVICES	67	76	3,120.73	41.06	.012	46.58	.49
EXAMINATIONS	67	76	3,120.73	41.06	.012	46.58	.49
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	39	209	19,346.17	92.57	.032	496.06	3.01
PRINCIPAL SURGEON	31	41	15,090.98	368.07	.006	486.81	2.35
ASSISTANT SURGEON	3	3	551.78	183.93	.000	183.93	.09
ANESTHESIOLOGIST	12	165	3,703.41	22.44	.026	308.62	.58
OUTPATIENT SURGERY	94	242	30,449.18	125.82	.038	323.93	4.73
PRINCIPAL SURGEON	73	91	26,130.92	287.15	.014	357.96	4.06
ASSISTANT SURGEON	1	1	244.60	244.60	.000	244.60	.04
ANESTHESIOLOGIST	27	150	4,073.66	27.16	.023	150.88	.63
DIALYSIS	60	233	17,796.60	76.38	.036	296.61	2.77
PATHOLOGY	122	224	1,506.50	6.73	.035	12.35	.23
RADIOLOGY	225	403	18,046.56	44.78	.063	80.21	2.81
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	53	111	1,676.57	15.10	.017	31.63	.26
OTHER SERVICES/ALL X-OVERS	802	2,499	43,715.25	17.49	.389	54.51	6.80
@PHARMACY	3,953	124,105	\$ 1,344,832.14	\$ 10.84	19.298	\$ 340.21	\$ 209.12
PRESCRIPTION DRUGS	3,871	19,026	1,195,124.07	62.82	2.958	308.74	185.84

SNF/ICF	168	1,147	67,611.54	58.95	.178	402.45	10.51
OUTPATIENTS	3,719	17,879	1,127,512.53	63.06	2.780	303.18	175.32
MEDICAL SUPPLIES	797	105,079	149,708.07	1.42	16.339	187.84	23.28
@DENTIST	356	1,648	\$ 58,604.48	\$ 35.56	.256	\$ 164.62	\$ 9.11
VISITS - DIAGNOSTIC	268	1,132	14,318.50	12.65	.176	53.43	2.23
ORAL SURGERY	63	131	6,583.00	50.25	.020	104.49	1.02
DRUGS	2	2	40.00	20.00	.000	20.00	.01
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	35	46	7,610.00	165.43	.007	217.43	1.18
ENDODONTICS	11	13	3,505.00	269.62	.002	318.64	.55
RESTORATIVE DENTISTRY	79	221	16,626.00	75.23	.034	210.46	2.59
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	35	94	9,693.91	103.13	.015	276.97	1.51
SPACE MAINTAINERS	1	1	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	98.07	49.04	.000	49.04	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
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6,431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	105	315	\$ 7,963.35	\$ 25.28	.049	\$ 75.84	\$ 1.24
DIAGNOSTIC AND ANC. PROCED	38	38	1,777.59	46.78	.006	46.78	.28
EYE APPLIANCES	87	266	6,089.89	22.89	.041	70.00	.95
OTHER OPTOMETRIC SERVICES	7	11	95.87	8.72	.002	13.70	.01
@CHIROPRACTOR	8	11	\$ 183.02	\$ 16.64	.002	\$ 22.88	\$.03
VISITS	8	11	183.02	16.64	.002	22.88	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	140	211	\$ 5,745.08	\$ 27.23	.033	\$ 41.04	\$.89
MEDICINE/INJECTIONS	68	78	1,928.25	24.72	.012	28.36	.30
SURGERY/ANES.	1	1	42.44	42.44	.000	42.44	.01
RADIO./PATHOLOGY	3	3	33.75	11.25	.000	11.25	.01
OTHER	77	129	3,740.64	29.00	.020	48.58	.58
@HOME HEALTH AGENCY	76	5,570	\$ 176,249.66	\$ 31.64	.866	\$ 2319.07	\$ 27.41
NURSE ANESTHESIST	9	10	\$ 178.27	\$ 17.83	.002	\$ 19.81	\$.03
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	894	6,178	\$ 819,341.61	\$ 132.62	.961	\$ 916.49	\$ 127.41
HOSP INPATIENT TOTAL	123	968	698,776.28	721.88	.151	5681.11	108.66
HSC HOSPITALS	96	607	619,997.28	1021.41	.094	6458.31	96.41
NON-HSC HOSPITAL TOTAL	4	157	60,229.47	383.63	.024	15057.37	9.37
ACCOMMODATIONS	4	157	35,880.68	228.54	.024	8970.17	5.58
ADMINISTRATIVE DAYS	4	157	35,880.68	228.54	.024	8970.17	5.58
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	4	0	24,348.79	.00	.000	6087.20	3.79
INPATIENT CROSSOVERS	25	204	18,549.53	90.93	.032	741.98	2.88
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	834	5,210	120,565.33	23.14	.810	144.56	18.75
MEDICAL	187	243	9,498.06	39.09	.038	50.79	1.48
SURGERY	55	159	6,015.26	37.83	.025	109.37	.94
PATHOLOGY	412	2,356	29,328.09	12.45	.366	71.18	4.56

RADIOLOGY	130	188	13,250.98	70.48	.029	101.93	2.06
ROOM USE	310	455	18,686.64	41.07	.071	60.28	2.91
CROSSOVERS/ALL OTH OUTPTNT	379	1,809	43,786.30	24.20	.281	115.53	6.81
@COUNTY HOSPITAL TOTAL	198	2,043	\$ 217,138.13	\$ 106.28	.318	\$ 1096.66	\$ 33.76
CO HOSPITAL INPATIENT TOTAL	27	195	170,518.90	874.46	.030	6315.51	26.52
HSC HOSPITALS	25	167	169,122.79	1012.71	.026	6764.91	26.30
NON-HSC HOSPITALS TOTAL	0	0	227.89CR	.00	.000	.00	.04CR
ACCOMMODATIONS	0	0	227.89CR	.00	.000	.00	.04CR
ADMINISTRATIVE DAYS	0	0	227.89CR	.00	.000	.00	.04CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	28	1,624.00	58.00	.004	812.00	.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	182	1,848	46,619.23	25.23	.287	256.15	7.25
MEDICAL	100	132	5,934.91	44.96	.021	59.35	.92
SURGERY	21	120	3,193.37	26.61	.019	152.07	.50
PATHOLOGY	91	659	8,262.27	12.54	.102	90.79	1.28
RADIOLOGY	26	48	4,684.92	97.60	.007	180.19	.73
ROOM USE	113	152	6,615.12	43.52	.024	58.54	1.03
CROSSOVERS/ALL OTH OUTPTNT	76	737	17,928.64	24.33	.115	235.90	2.79
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					----- MONTHLY AVERAGE -----			
6,431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	729	4,135	\$ 602,203.48	\$ 145.64	.643	\$ 826.07	\$ 93.64	
COMM HOSP INPATIENT TOTAL	98	773	528,257.38	683.39	.120	5390.38	82.14	
HSC HOSPITALS	73	440	450,874.49	1024.71	.068	6176.36	70.11	
NON-HSC HOSPITALS TOTAL	4	157	60,457.36	385.08	.024	15114.34	9.40	
ACCOMMODATIONS	4	157	36,108.57	229.99	.024	9027.14	5.61	
ADMINISTRATIVE DAYS	4	157	36,108.57	229.99	.024	9027.14	5.61	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	4	0	24,348.79	.00	.000	6087.20	3.79	
INPATIENT CROSSOVERS	23	176	16,925.53	96.17	.027	735.89	2.63	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	678	3,362	73,946.10	21.99	.523	109.07	11.50	
MEDICAL	91	111	3,563.15	32.10	.017	39.16	.55	
SURGERY	36	39	2,821.89	72.36	.006	78.39	.44	
PATHOLOGY	326	1,697	21,065.82	12.41	.264	64.62	3.28	
RADIOLOGY	105	140	8,566.06	61.19	.022	81.58	1.33	
ROOM USE	203	303	12,071.52	39.84	.047	59.47	1.88	
CROSSOVERS/ALL OTH OUTPTNT	306	1,072	25,857.66	24.12	.167	84.50	4.02	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	138	3,210	\$ 518,474.00	\$ 161.52	.499	\$ 3757.06	\$ 80.62	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	4	101	12,213.93	120.93	.016	3053.48	1.90	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	6	200	116,014.00	580.07	.031	19335.67	18.04	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	128	2,909	390,246.07	134.15	.452	3048.80	60.68	
@INTERMEDIATE CARE FACIL.-DD	75	2,335	\$ 373,748.70	\$ 160.06	.363	\$ 4983.32	\$ 58.12	

ICF DDH	27	879		130,225.41	148.15	.137	4823.16	20.25
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	48	1,456		243,523.29	167.26	.226	5073.40	37.87
@HEMODIALYSIS TOTAL	189	2,978	\$	301,754.87	\$ 101.33	.463	\$ 1596.59	\$ 46.92
HOSPITAL BASED	24	198		103,016.47	520.29	.031	4292.35	16.02
HEMODIALYSIS CENTER	165	2,780		198,738.40	71.49	.432	1204.48	30.90
@REHABILITATION FACILITY	50	240	\$	4,828.35	\$ 20.12	.037	\$ 96.57	\$.75
HOSPITAL BASED	8	45		1,136.08	25.25	.007	142.01	.18
INDEPENDENT FACILITY	43	195		3,692.27	18.93	.030	85.87	.57
@LABORATORY FACILITY	111	638	\$	4,639.88	\$ 7.27	.099	\$ 41.80	\$.72
PATHOLOGY	87	584		4,167.14	7.14	.091	47.90	.65
XO AND OTHERS	24	54		472.74	8.75	.008	19.70	.07
@ORGANIZED OUTPATIENT CLINIC	177	395	\$	27,227.70	\$ 68.93	.061	\$ 153.83	\$ 4.23
CLINIC	21	53		3,510.93	66.24	.008	167.19	.55
SURGICENTER	17	128		7,840.46	61.25	.020	461.20	1.22
HEROIN DETOX CLINIC	1	36		371.61	10.32	.006	371.61	.06
RURAL HEALTH CLINIC	138	178		15,504.70	87.11	.028	112.35	2.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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					----- MONTHLY AVERAGE -----			
	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
6,431 ELIGIBLES								
@ALL OTHER PROVIDERS	1,273	382,988	\$	599,672.30	\$ 1.57	59.553	\$ 471.07	\$ 93.25
DURABLE MED. EQUIP.	100	293		69,733.23	238.00	.046	697.33	10.84
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	10		1,213.52	121.35	.002	151.69	.19
MEDICAL TRANSPORTATION	367	30,648		124,785.05	4.07	4.766	340.01	19.40
AMBULANCES/AIR TRANS	83	893		15,315.60	17.15	.139	184.53	2.38
OTHER TRANS	185	28,792		98,789.31	3.43	4.477	534.00	15.36
OTHER SERVICES	116	963		10,680.14	11.09	.150	92.07	1.66
ACUPUNCTURE	36	65		1,173.21	18.05	.010	32.59	.18

ADULT DAY HEALTH CARE CTR	26	500	33,393.66	66.79	.078	1284.37	5.19
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	132	10,438	246,931.37	23.66	1.623	1870.69	38.40
OCCUPATIONAL THERAPIST	2	6	137.84	22.97	.001	68.92	.02
OPTICIAN	126	298	7,997.69	26.84	.046	63.47	1.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	9	24	466.04	19.42	.004	51.78	.07
PROSTHETIST/ORTHOTISTS	10	73	8,982.96	123.05	.011	898.30	1.40
PROSTHETICS	10	73	8,982.96	123.05	.011	898.30	1.40
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	12	97.28	8.11	.002	48.64	.02
SPEECH AND AUDIOLOGY	44	132	5,561.97	42.14	.021	126.41	.86
HOSPICE SERVICES	4	140	15,949.50	113.93	.022	3987.38	2.48
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	77	1,247	7,484.53	6.00	.194	97.20	1.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	582	339,102	75,764.45	.22	52.729	130.18	11.78
@CALIF. CHILDREN SERVICES*	238	59,248	\$ 285,421.96	\$ 4.82	9.213	\$ 1199.25	\$ 44.38
@XOVER EXCLUDING STATE HOSP**	1,061	28,054	\$ 230,197.96	\$ 8.21	4.362	\$ 216.96	\$ 35.80

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,633
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

214,064 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	169,796	9,965,205	\$ 110,857,186.36	\$ 11.12	46.552 \$ 652.88 \$ 517.87
@PHYSICIANS SERVICES	63,582	203,770	\$ 7,119,186.90	\$ 34.94	.952 \$ 111.97 \$ 33.26
OUTPATIENT VISITS	40,594	59,955	1,979,710.65	33.02	.280 48.77 9.25
OFFICE VISITS	34,371	47,965	1,370,287.48	28.57	.224 39.87 6.40
HOME VISITS	627	702	27,887.57	39.73	.003 44.48 .13
EMERGENCY ROOM	6,838	8,946	490,228.80	54.80	.042 71.69 2.29
PREVENTIVE CARE	8	7	335.22	47.89	.000 41.90 .00
OB VISITS/COMPRE PERI	234	858	33,069.08	38.54	.004 141.32 .15
OTHER OUTPATIENT	1,212	1,477	57,902.50	39.20	.007 47.77 .27
INPATIENT VISITS	4,128	20,316	989,125.73	48.69	.095 239.61 4.62
HOSPITAL VISITS	2,800	16,511	742,879.86	44.99	.077 265.31 3.47
CRITICAL CARE	254	1,247	158,546.59	127.14	.006 624.20 .74
SNF/ICF/TRANS IP CARE	1,380	2,558	87,699.28	34.28	.012 63.55 .41
OPHTHALMOLOGICAL SERVICES	1,136	1,231	55,235.60	44.87	.006 48.62 .26
EXAMINATIONS	1,129	1,224	55,060.60	44.98	.006 48.77 .26
SERVICES AND MATERIALS	7	7	175.00	25.00	.000 25.00 .00
INPATIENT HOSPITAL SURGERY	1,410	7,820	741,780.87	94.86	.037 526.09 3.47
PRINCIPAL SURGEON	1,031	1,475	562,637.58	381.45	.007 545.72 2.63
ASSISTANT SURGEON	128	140	27,616.85	197.26	.001 215.76 .13
ANESTHESIOLOGIST	543	6,205	151,526.44	24.42	.029 279.05 .71
OUTPATIENT SURGERY	3,154	6,996	702,098.76	100.36	.033 222.61 3.28
PRINCIPAL SURGEON	2,705	3,496	594,379.90	170.02	.016 219.73 2.78
ASSISTANT SURGEON	30	30	5,337.67	177.92	.000 177.92 .02
ANESTHESIOLOGIST	700	3,470	102,381.19	29.50	.016 146.26 .48
DIALYSIS	607	2,011	169,420.54	84.25	.009 279.11 .79
PATHOLOGY	5,903	11,113	109,566.80	9.86	.052 18.56 .51

RADIOLOGY	9,128	17,280		826,875.51		47.85	.081	90.59	3.86	
PSYCHIATRY	5	11		515.43		46.86	.000	103.09	.00	
IMMUNIZATION AND INJECTION	2,372	7,119		243,310.03		34.18	.033	102.58	1.14	
OTHER SERVICES/ALL X-OVERS	21,638	69,918		1,301,546.98		18.62	.327	60.15	6.08	
@PHARMACY	137,372	1,580,579	\$	44,675,180.83	\$	28.27	7.384	\$ 325.21	\$ 208.70	
PRESCRIPTION DRUGS	135,821	617,067		42,033,342.79		68.12	2.883	309.48	196.36	
SNF/ICF	3,077	20,262		1,569,686.22		77.47	.095	510.14	7.33	
OUTPATIENTS	133,055	596,805		40,463,656.57		67.80	2.788	304.11	189.03	
MEDICAL SUPPLIES	13,795	963,512		2,641,838.04		2.74	4.501	191.51	12.34	
@DENTIST	16,256	84,347	\$	3,175,985.37	\$	37.65	.394	\$ 195.37	\$ 14.84	
VISITS - DIAGNOSTIC	11,496	56,097		696,207.56		12.41	.262	60.56	3.25	
ORAL SURGERY	2,636	6,262		316,304.86		50.51	.029	119.99	1.48	
DRUGS	118	130		2,070.00		15.92	.001	17.54	.01	
ANESTHESIA	105	107		8,675.00		81.07	.000	82.62	.04	
PERIODONTICS	1,327	1,546		237,053.00		153.33	.007	178.64	1.11	
ENDODONTICS	898	1,247		255,765.50		205.10	.006	284.82	1.19	
RESTORATIVE DENTISTRY	4,740	14,010		1,069,424.75		76.33	.065	225.62	5.00	
PROSTHETICS	145	166		6,522.50		39.29	.001	44.98	.03	
DENTURES, STAYPLATES	1,638	4,339		553,322.04		127.52	.020	337.80	2.58	
SPACE MAINTAINERS	10	15		1,475.00		98.33	.000	147.50	.01	
MAXILLOFACIAL SERVICES	49	54		5,130.87		95.02	.000	104.71	.02	
FRACTURES, DISLOCATIONS	1	1		375.00		375.00	.000	375.00	.00	
ORTHODONTIC SERVICES	221	288		23,359.29		81.11	.001	105.70	.11	
ALL OTHER SERVICES	57	85		300.00		3.53	.000	5.26	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 11,634
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED									

214,064 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5,437	16,202	\$ 344,510.77	\$ 21.26	.076	\$ 63.36	\$ 1.61
DIAGNOSTIC AND ANC. PROCED	2,481	2,502	115,907.58	46.33	.012	46.72	.54
EYE APPLIANCES	4,415	13,321	220,648.30	16.56	.062	49.98	1.03
OTHER OPTOMETRIC SERVICES	282	379	7,954.89	20.99	.002	28.21	.04
@CHIROPRACTOR	579	1,086	\$ 17,596.69	\$ 16.20	.005	\$ 30.39	\$.08
VISITS	533	1,015	16,630.03	16.38	.005	31.20	.08
OTHER SERVICES	46	71	966.66	13.61	.000	21.01	.00
@PODIATRIST	3,432	5,348	\$ 145,087.84	\$ 27.13	.025	\$ 42.28	\$.68
MEDICINE/INJECTIONS	2,122	2,422	58,618.41	24.20	.011	27.62	.27
SURGERY/ANES.	97	128	7,598.35	59.36	.001	78.33	.04
RADIO./PATHOLOGY	81	99	1,484.53	15.00	.000	18.33	.01
OTHER	1,396	2,699	77,386.55	28.67	.013	55.43	.36
@HOME HEALTH AGENCY	945	50,963	\$ 1,796,660.69	\$ 35.25	.238	\$ 1901.23	\$ 8.39
NURSE ANESTHESIST	140	307	\$ 3,199.19	\$ 10.42	.001	\$ 22.85	\$.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	28	46	\$ 1,398.89	\$ 30.41	.000	\$ 49.96	\$.01
@TOTAL HOSPITAL	35,094	218,147	\$ 24,672,641.07	\$ 113.10	1.019	\$ 703.04	\$ 115.26
HOSP INPATIENT TOTAL	3,330	24,221	19,854,093.79	819.71	.113	5962.19	92.75
HSC HOSPITALS	2,684	17,345	18,355,825.38	1058.28	.081	6838.98	85.75
NON-HSC HOSPITAL TOTAL	151	1,943	1,021,521.66	525.74	.009	6765.04	4.77
ACCOMMODATIONS	151	1,943	521,782.26	268.54	.009	3455.51	2.44
ADMINISTRATIVE DAYS	107	1,751	400,642.61	228.81	.008	3744.32	1.87
TRANSITIONAL IP CARE	0	0	201.16	.00	.000	.00	.00
ALL OTHER ACCOM	44	192	120,938.49	629.89	.001	2748.60	.56
ANCILLARIES	149	0	499,739.40	.00	.000	3353.96	2.33

INPATIENT CROSSOVERS	564	4,933	476,746.75	96.64	.023	845.30	2.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	33,425	193,926	4,818,547.28	24.85	.906	144.16	22.51
MEDICAL	9,708	15,361	687,314.52	44.74	.072	70.80	3.21
SURGERY	1,651	2,299	134,314.97	58.42	.011	81.35	.63
PATHOLOGY	17,867	87,925	1,071,921.48	12.19	.411	59.99	5.01
RADIOLOGY	6,243	10,273	866,009.60	84.30	.048	138.72	4.05
ROOM USE	15,906	24,886	1,013,108.32	40.71	.116	63.69	4.73
CROSSOVERS/ALL OTH OUTPTNT	12,860	53,182	1,045,878.39	19.67	.248	81.33	4.89
@COUNTY HOSPITAL TOTAL	11,635	72,203	\$ 7,339,735.24	\$ 101.65	.337	\$ 630.83	\$ 34.29
CO HOSPITAL INPATIENT TOTAL	825	6,468	5,480,735.37	847.36	.030	6643.32	25.60
HSC HOSPITALS	767	4,851	5,070,504.03	1045.25	.023	6610.83	23.69
NON-HSC HOSPITALS TOTAL	33	1,102	364,207.72	330.50	.005	11036.60	1.70
ACCOMMODATIONS	33	1,102	252,262.43	228.91	.005	7644.32	1.18
ADMINISTRATIVE DAYS	33	1,102	252,237.46	228.89	.005	7643.56	1.18
TRANSITIONAL IP CARE	0	0	24.97	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	33	0	111,945.29	.00	.000	3392.28	.52
INPATIENT CROSSOVERS	48	515	46,023.62	89.37	.002	958.83	.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11,259	65,735	1,858,999.87	28.28	.307	165.11	8.68
MEDICAL	6,510	10,399	395,309.59	38.01	.049	60.72	1.85
SURGERY	635	1,136	52,914.87	46.58	.005	83.33	.25
PATHOLOGY	6,154	29,162	362,533.30	12.43	.136	58.91	1.69
RADIOLOGY	2,025	2,864	251,296.65	87.74	.013	124.10	1.17
ROOM USE	7,697	11,967	470,530.23	39.32	.056	61.13	2.20
CROSSOVERS/ALL OTH OUTPTNT	3,343	10,207	326,415.23	31.98	.048	97.64	1.52

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,635
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					----- MONTHLY AVERAGE -----			
214,064 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	25,235	145,944	\$ 17,332,905.83	\$ 118.76	.682	\$ 686.86	\$ 80.97	
COMM HOSP INPATIENT TOTAL	2,552	17,753	14,373,358.42	809.63	.083	5632.19	67.15	
HSC HOSPITALS	1,963	12,494	13,285,321.35	1063.34	.058	6767.87	62.06	
NON-HSC HOSPITALS TOTAL	118	841	657,313.94	781.59	.004	5570.46	3.07	
ACCOMMODATIONS	118	841	269,519.83	320.48	.004	2284.07	1.26	
ADMINISTRATIVE DAYS	74	649	148,405.15	228.67	.003	2005.48	.69	
TRANSITIONAL IP CARE	0	0	176.19	.00	.000	.00	.00	
ALL OTHER ACCOM	44	192	120,938.49	629.89	.001	2748.60	.56	
ANCILLARIES	116	0	387,794.11	.00	.000	3343.05	1.81	
INPATIENT CROSSOVERS	516	4,418	430,723.13	97.49	.021	834.73	2.01	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	23,743	128,191	2,959,547.41	23.09	.599	124.65	13.83	
MEDICAL	3,411	4,962	292,004.93	58.85	.023	85.61	1.36	
SURGERY	1,029	1,163	81,400.10	69.99	.005	79.11	.38	
PATHOLOGY	12,209	58,763	709,388.18	12.07	.275	58.10	3.31	
RADIOLOGY	4,357	7,409	614,712.95	82.97	.035	141.09	2.87	
ROOM USE	8,919	12,919	542,578.09	42.00	.060	60.83	2.53	
CROSSOVERS/ALL OTH OUTPTNT	9,726	42,975	719,463.16	16.74	.201	73.97	3.36	
@STATE HOSPITAL	26	755	\$ 453,053.26	\$ 600.07	.004	\$ 17425.13	\$ 2.12	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	26	755	453,053.26	600.07	.004	17425.13	2.12	
@NURSING FACILITY	2,572	68,832	\$ 11,035,765.48	\$ 160.33	.322	\$ 4290.73	\$ 51.55	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	11,039	7,198,374		1,514,124.12	.21	33.627		137.16		7.07
@CALIF. CHILDREN SERVICES*	4,235	340,120	\$	7,312,900.90	\$ 21.50	1.589	\$	1726.78	\$	34.16
@XOVER EXCLUDING STATE HOSP**	23,562	306,275	\$	3,413,165.39	\$ 11.14	1.431	\$	144.86	\$	15.94

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL

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SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
57,081 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	74,548	425,735	\$ 15,407,827.41	\$ 36.19	7.458	\$ 206.68	\$ 269.93	
@PHYSICIANS SERVICES	9,128	23,829	\$ 1,361,423.53	\$ 57.13	.417	\$ 149.15	\$ 23.85	
OUTPATIENT VISITS	6,894	9,441	350,921.82	37.17	.165	50.90	6.15	
OFFICE VISITS	4,589	5,879	197,129.95	33.53	.103	42.96	3.45	
HOME VISITS	45	62	2,685.06	43.31	.001	59.67	.05	
EMERGENCY ROOM	1,616	1,763	82,458.90	46.77	.031	51.03	1.44	
PREVENTIVE CARE	33	34	1,399.93	41.17	.001	42.42	.02	
OB VISITS/COMPRE PERI	337	913	42,990.74	47.09	.016	127.57	.75	
OTHER OUTPATIENT	645	790	24,257.24	30.71	.014	37.61	.42	
INPATIENT VISITS	689	3,889	429,652.82	110.48	.068	623.59	7.53	
HOSPITAL VISITS	536	1,734	91,726.29	52.90	.030	171.13	1.61	
CRITICAL CARE	223	2,153	337,848.73	156.92	.038	1515.02	5.92	
SNF/ICF/TRANS IP CARE	2	2	77.80	38.90	.000	38.90	.00	
OPHTHALMOLOGICAL SERVICES	184	232	11,280.87	48.62	.004	61.31	.20	
EXAMINATIONS	177	225	11,120.87	49.43	.004	62.83	.19	
SERVICES AND MATERIALS	7	7	160.00	22.86	.000	22.86	.00	
INPATIENT HOSPITAL SURGERY	365	1,834	228,310.48	124.49	.032	625.51	4.00	
PRINCIPAL SURGEON	254	354	177,960.20	502.71	.006	700.63	3.12	
ASSISTANT SURGEON	38	38	8,260.57	217.38	.001	217.38	.14	
ANESTHESIOLOGIST	141	1,442	42,089.71	29.19	.025	298.51	.74	

OUTPATIENT SURGERY	582	1,262		112,016.45		88.76	.022	192.47	1.96
PRINCIPAL SURGEON	509	647		92,496.25		142.96	.011	181.72	1.62
ASSISTANT SURGEON	9	9		1,409.76		156.64	.000	156.64	.02
ANESTHESIOLOGIST	150	606		18,110.44		29.89	.011	120.74	.32
DIALYSIS	4	6		645.23		107.54	.000	161.31	.01
PATHOLOGY	708	1,337		13,401.24		10.02	.023	18.93	.23
RADIOLOGY	1,257	2,076		78,399.07		37.76	.036	62.37	1.37
PSYCHIATRY	10	21		708.01		33.71	.000	70.80	.01
IMMUNIZATION AND INJECTION	175	327		22,246.73		68.03	.006	127.12	.39
OTHER SERVICES/ALL X-OVERS	1,196	3,404		113,840.81		33.44	.060	95.18	1.99
@PHARMACY	10,668	30,026	\$	1,735,815.82	\$	57.81	.526	\$ 162.71	\$ 30.41
PRESCRIPTION DRUGS	10,529	23,335		1,438,675.36		61.65	.409	136.64	25.20
SNF/ICF	7	71		4,737.74		66.73	.001	676.82	.08
OUTPATIENTS	10,523	23,264		1,433,937.62		61.64	.408	136.27	25.12
MEDICAL SUPPLIES	347	6,691		297,140.46		44.41	.117	856.31	5.21
@DENTIST	25,713	161,470	\$	4,624,969.55	\$	28.64	2.829	\$ 179.87	\$ 81.02
VISITS - DIAGNOSTIC	19,514	109,879		1,421,884.27		12.94	1.925	72.86	24.91
ORAL SURGERY	4,473	8,658		446,707.78		51.59	.152	99.87	7.83
DRUGS	586	688		14,687.50		21.35	.012	25.06	.26
ANESTHESIA	163	168		15,050.00		89.58	.003	92.33	.26
PERIODONTICS	871	1,001		120,470.25		120.35	.018	138.31	2.11
ENDODONTICS	2,216	3,635		440,823.25		121.27	.064	198.93	7.72
RESTORATIVE DENTISTRY	9,977	34,148		1,896,469.20		55.54	.598	190.08	33.22
PROSTHETICS	81	85		1,880.00		22.12	.001	23.21	.03
DENTURES, STAYPLATES	295	1,135		104,130.00		91.74	.020	352.98	1.82
SPACE MAINTAINERS	186	225		26,449.00		117.55	.004	142.20	.46
MAXILLOFACIAL SERVICES	112	115		9,124.25		79.34	.002	81.47	.16
FRACTURES, DISLOCATIONS	2	3		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1,166	1,589		126,034.05		79.32	.028	108.09	2.21
ALL OTHER SERVICES	105	141		1,260.00		8.94	.002	12.00	.02

#CALIF DEPT OF HEALTH SERV MOP024
 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

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	57,081 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	584	1,620	\$	38,279.25	\$ 23.63	.028	\$ 65.55	\$.67
DIAGNOSTIC AND ANC. PROCED	442	449		20,751.05	46.22	.008	46.95	.36
EYE APPLIANCES	407	1,166		17,254.44	14.80	.020	42.39	.30
OTHER OPTOMETRIC SERVICES	4	5		273.76	54.75	.000	68.44	.00
@CHIROPRACTOR	441	760	\$	12,455.89	\$ 16.39	.013	\$ 28.24	\$.22
VISITS	441	760		12,455.89	16.39	.013	28.24	.22
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	37	56	\$	2,322.49	\$ 41.47	.001	\$ 62.77	\$.04
MEDICINE/INJECTIONS	32	38		1,285.06	33.82	.001	40.16	.02
SURGERY/ANES.	6	8		596.25	74.53	.000	99.38	.01
RADIO./PATHOLOGY	4	5		74.40	14.88	.000	18.60	.00
OTHER	2	5		366.78	73.36	.000	183.39	.01
@HOME HEALTH AGENCY	50	4,953	\$	153,947.47	\$ 31.08	.087	\$ 3078.95	\$ 2.70
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	28	41	\$	1,408.15	34.35	.001	50.29	.02
@TOTAL HOSPITAL	6,078	23,037	\$	5,686,420.85	\$ 246.84	.404	\$ 935.57	\$ 99.62
HOSP INPATIENT TOTAL	692	4,318		5,039,019.83	1166.98	.076	7281.82	88.28
HSC HOSPITALS	684	4,276		5,006,131.76	1170.75	.075	7318.91	87.70

NON-HSC HOSPITAL TOTAL	8	29	32,689.57	1127.23	.001	4086.20	.57
ACCOMMODATIONS	8	29	12,038.27	415.11	.001	1504.78	.21
ADMINISTRATIVE DAYS	1	13	2,674.67	205.74	.000	2674.67	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	16	9,363.60	585.23	.000	1337.66	.16
ANCILLARIES	8	0	20,651.30	.00	.000	2581.41	.36
INPATIENT CROSSOVERS	1	13	198.50	15.27	.000	198.50	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,596	18,719	647,401.02	34.59	.328	115.69	11.34
MEDICAL	1,204	1,514	80,987.05	53.49	.027	67.26	1.42
SURGERY	319	367	20,830.28	56.76	.006	65.30	.36
PATHOLOGY	2,219	7,956	94,839.09	11.92	.139	42.74	1.66
RADIOLOGY	981	1,248	83,574.37	66.97	.022	85.19	1.46
ROOM USE	3,212	4,147	169,476.20	40.87	.073	52.76	2.97
CROSSOVERS/ALL OTH OUTPTNT	2,023	3,487	197,694.03	56.69	.061	97.72	3.46
@COUNTY HOSPITAL TOTAL	1,759	6,872	\$ 2,092,731.97	\$ 304.53	.120	\$ 1189.73	\$ 36.66
CO HOSPITAL INPATIENT TOTAL	257	1,723	1,836,405.86	1065.82	.030	7145.55	32.17
HSC HOSPITALS	257	1,723	1,836,398.79	1065.81	.030	7145.52	32.17
NON-HSC HOSPITALS TOTAL	0	0	7.07	.00	.000	.00	.00
ACCOMMODATIONS	0	0	7.07	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	7.07	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,598	5,149	256,326.11	49.78	.090	160.40	4.49
MEDICAL	545	716	33,707.80	47.08	.013	61.85	.59
SURGERY	97	134	8,024.24	59.88	.002	82.72	.14
PATHOLOGY	464	1,564	20,698.69	13.23	.027	44.61	.36
RADIOLOGY	286	387	31,287.73	80.85	.007	109.40	.55
ROOM USE	910	1,238	50,703.16	40.96	.022	55.72	.89
CROSSOVERS/ALL OTH OUTPTNT	763	1,110	111,904.49	100.81	.019	146.66	1.96
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
57,081 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	4,479	16,165	\$ 3,593,688.88	\$ 222.31	.283	\$ 802.34	\$ 62.96
COMM HOSP INPATIENT TOTAL	441	2,595	3,202,613.97	1234.15	.045	7262.16	56.11
HSC HOSPITALS	433	2,553	3,169,732.97	1241.57	.045	7320.40	55.53
NON-HSC HOSPITALS TOTAL	8	29	32,682.50	1126.98	.001	4085.31	.57
ACCOMMODATIONS	8	29	12,031.20	414.87	.001	1503.90	.21
ADMINISTRATIVE DAYS	1	13	2,667.60	205.20	.000	2667.60	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	16	9,363.60	585.23	.000	1337.66	.16
ANCILLARIES	8	0	20,651.30	.00	.000	2581.41	.36
INPATIENT CROSSOVERS	1	13	198.50	15.27	.000	198.50	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,134	13,570	391,074.91	28.82	.238	94.60	6.85
MEDICAL	667	798	47,279.25	59.25	.014	70.88	.83
SURGERY	224	233	12,806.04	54.96	.004	57.17	.22
PATHOLOGY	1,784	6,392	74,140.40	11.60	.112	41.56	1.30
RADIOLOGY	708	861	52,286.64	60.73	.015	73.85	.92
ROOM USE	2,363	2,909	118,773.04	40.83	.051	50.26	2.08

CROSSOVERS/ALL OTH OUTPTNT	1,269	2,377		85,789.54	36.09	.042	67.60	1.50
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	151	\$	21,547.51	\$ 142.70	.003	\$ 4309.50	\$.38
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	151		21,547.51	142.70	.003	4309.50	.38
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	105	547	\$	13,131.92	\$ 24.01	.010	\$ 125.07	\$.23
HOSPITAL BASED	37	83		3,850.66	46.39	.001	104.07	.07
INDEPENDENT FACILITY	70	464		9,281.26	20.00	.008	132.59	.16
@LABORATORY FACILITY	550	1,892	\$	25,045.65	\$ 13.24	.033	\$ 45.54	\$.44
PATHOLOGY	550	1,892		25,045.65	13.24	.033	45.54	.44
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7,803	11,654	\$	780,671.23	\$ 66.99	.204	\$ 100.05	\$ 13.68
CLINIC	474	1,769		40,551.28	22.92	.031	85.55	.71
SURGICENTER	22	112		4,064.66	36.29	.002	184.76	.07
HEROIN DETOX CLINIC	36	475		5,527.39	11.64	.008	153.54	.10
RURAL HEALTH CLINIC	7,296	9,298		730,527.90	78.57	.163	100.13	12.80
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FEE-FOR-SERVICE/DENTAL
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					----- MONTHLY AVERAGE -----			
57,081 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	26,127	165,699	\$ 950,388.10	\$ 5.74	2.903	\$ 36.38	\$ 16.65	
DURABLE MED. EQUIP.	201	399	52,392.94	131.31	.007	260.66	.92	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	8	15	4,883.43	325.56	.000	610.43	.09	
MEDICAL TRANSPORTATION	306	5,693	123,881.82	21.76	.100	404.84	2.17	
AMBULANCES/AIR TRANS	297	5,216	80,268.85	15.39	.091	270.27	1.41	
OTHER TRANS	4	438	810.61	1.85	.008	202.65	.01	
OTHER SERVICES	26	39	42,802.36	1097.50	.001	1646.24	.75	
ACUPUNCTURE	181	324	6,206.56	19.16	.006	34.29	.11	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	531	535	43,497.75	81.30	.009	81.92	.76	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	2	10	206.00	20.60	.000	103.00	.00	
OPTICIAN	3,900	8,395	76,930.37	9.16	.147	19.73	1.35	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	16	26	3,530.40	135.78	.000	220.65	.06	
PROSTHETICS	13	22	3,333.21	151.51	.000	256.40	.06	
ORTHOTICS	3	4	197.19	49.30	.000	65.73	.00	
PSYCHOLOGIST	24	112	6,486.54	57.92	.002	270.27	.11	
SPEECH AND AUDIOLOGY	32	93	9,876.11	106.19	.002	308.63	.17	

HOSPICE SERVICES	1	30	3,820.20	127.34	.001	3820.20	.07
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	21,065	59,628	599,867.45	10.06	1.045	28.48	10.51
EPSDT SUPPLEMENTAL SERVICE	7	27	2,237.61	82.87	.000	319.66	.04
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	92	90,412	16,570.92	.18	1.584	180.12	.29
@CALIF. CHILDREN SERVICES*	2,023	65,507	\$ 4,610,905.89	\$ 70.39	1.148	\$ 2279.24	\$ 80.78
@XOVER EXCLUDING STATE HOSP**	9	36	\$ 2,925.12	\$ 81.25	.001	\$ 325.01	\$.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,641
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE		

343,236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	295,040	12,876,439	\$ 150,501,143.39	\$ 11.69	37.515	\$ 510.10	\$ 438.48
@PHYSICIANS SERVICES	84,641	266,369	\$ 9,187,866.26	\$ 34.49	.776	\$ 108.55	\$ 26.77
OUTPATIENT VISITS	48,790	71,287	2,396,152.72	33.61	.208	49.11	6.98
OFFICE VISITS	40,107	55,422	1,614,235.76	29.13	.161	40.25	4.70
HOME VISITS	697	791	31,576.13	39.92	.002	45.30	.09
EMERGENCY ROOM	8,637	10,936	587,865.62	53.76	.032	68.06	1.71
PREVENTIVE CARE	41	41	1,735.15	42.32	.000	42.32	.01
OB VISITS/COMPRE PERI	571	1,771	76,059.82	42.95	.005	133.20	.22
OTHER OUTPATIENT	1,900	2,326	84,680.24	36.41	.007	44.57	.25
INPATIENT VISITS	5,005	25,122	1,459,358.23	58.09	.073	291.58	4.25
HOSPITAL VISITS	3,453	19,001	867,448.16	45.65	.055	251.22	2.53
CRITICAL CARE	490	3,433	500,093.50	145.67	.010	1020.60	1.46
SNF/ICF/TRANS IP CARE	1,455	2,688	91,816.57	34.16	.008	63.10	.27
OPHTHALMOLOGICAL SERVICES	1,498	1,652	73,127.44	44.27	.005	48.82	.21
EXAMINATIONS	1,484	1,638	72,792.44	44.44	.005	49.05	.21
SERVICES AND MATERIALS	14	14	335.00	23.93	.000	23.93	.00
INPATIENT HOSPITAL SURGERY	1,825	9,915	994,803.18	100.33	.029	545.10	2.90
PRINCIPAL SURGEON	1,325	1,881	759,243.11	403.64	.005	573.01	2.21
ASSISTANT SURGEON	170	183	37,240.06	203.50	.001	219.06	.11
ANESTHESIOLOGIST	699	7,851	198,320.01	25.26	.023	283.72	.58
OUTPATIENT SURGERY	3,883	8,613	865,550.57	100.49	.025	222.91	2.52
PRINCIPAL SURGEON	3,331	4,282	731,538.08	170.84	.012	219.62	2.13
ASSISTANT SURGEON	42	42	7,301.04	173.83	.000	173.83	.02
ANESTHESIOLOGIST	895	4,289	126,711.45	29.54	.012	141.58	.37
DIALYSIS	671	2,250	187,862.37	83.49	.007	279.97	.55
PATHOLOGY	6,849	12,871	125,813.89	9.77	.037	18.37	.37
RADIOLOGY	10,727	19,964	933,729.28	46.77	.058	87.04	2.72
PSYCHIATRY	15	32	1,223.44	38.23	.000	81.56	.00
IMMUNIZATION AND INJECTION	2,637	7,638	274,205.47	35.90	.022	103.98	.80
OTHER SERVICES/ALL X-OVERS	33,246	107,025	1,876,039.67	17.53	.312	56.43	5.47
@PHARMACY	191,471	2,243,757	\$ 57,325,044.28	\$ 25.55	6.537	\$ 299.39	\$ 167.01
PRESCRIPTION DRUGS	189,223	820,561	53,801,356.99	65.57	2.391	284.33	156.75
SNF/ICF	4,234	27,491	1,943,836.11	70.71	.080	459.10	5.66
OUTPATIENTS	185,434	793,070	51,857,520.88	65.39	2.311	279.65	151.08
MEDICAL SUPPLIES	18,702	1,423,196	3,523,687.29	2.48	4.146	188.41	10.27
@DENTIST	45,078	259,959	\$ 8,433,882.87	\$ 32.44	.757	\$ 187.10	\$ 24.57
VISITS - DIAGNOSTIC	33,065	174,716	2,222,964.31	12.72	.509	67.23	6.48
ORAL SURGERY	7,670	16,403	833,954.89	50.84	.048	108.73	2.43

DRUGS	708	822	16,812.50	20.45	.002	23.75	.05
ANESTHESIA	275	282	24,025.00	85.20	.001	87.36	.07
PERIODONTICS	2,383	2,752	388,703.25	141.24	.008	163.12	1.13
ENDODONTICS	3,184	4,961	713,221.75	143.77	.014	224.00	2.08
RESTORATIVE DENTISTRY	15,353	49,825	3,092,708.70	62.07	.145	201.44	9.01
PROSTHETICS	255	281	9,227.50	32.84	.001	36.19	.03
DENTURES, STAYPLATES	2,710	7,382	938,534.44	127.14	.022	346.32	2.73
SPACE MAINTAINERS	197	241	27,924.00	115.87	.001	141.75	.08
MAXILLOFACIAL SERVICES	164	172	14,453.19	84.03	.001	88.13	.04
FRACTURES, DISLOCATIONS	3	4	375.00	93.75	.000	125.00	.00
ORTHODONTIC SERVICES	1,387	1,877	149,393.34	79.59	.005	107.71	.44
ALL OTHER SERVICES	178	241	1,585.00	6.58	.001	8.90	.00

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SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

	343,236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7,564	22,160	\$	467,007.27	\$ 21.07	.065	\$ 61.74	\$ 1.36
DIAGNOSTIC AND ANC. PROCED	3,192	3,220		148,927.31	46.25	.009	46.66	.43
EYE APPLIANCES	6,051	18,202		302,692.56	16.63	.053	50.02	.88
OTHER OPTOMETRIC SERVICES	528	738		15,387.40	20.85	.002	29.14	.04
@CHIROPRACTOR	1,052	1,900	\$	30,862.73	\$ 16.24	.006	\$ 29.34	\$.09
VISITS	994	1,806		29,595.69	16.39	.005	29.77	.09
OTHER SERVICES	58	94		1,267.04	13.48	.000	21.85	.00
@PODIATRIST	4,629	7,066	\$	184,124.34	\$ 26.06	.021	\$ 39.78	\$.54
MEDICINE/INJECTIONS	2,395	2,732		66,091.97	24.19	.008	27.60	.19
SURGERY/ANES.	106	141		8,331.08	59.09	.000	78.60	.02
RADIO./PATHOLOGY	89	109		1,627.28	14.93	.000	18.28	.00
OTHER	2,326	4,084		108,074.01	26.46	.012	46.46	.31
@HOME HEALTH AGENCY	1,076	61,532	\$	2,130,158.14	\$ 34.62	.179	\$ 1979.70	\$ 6.21
NURSE ANESTHESIST	220	516	\$	5,471.15	\$ 10.60	.002	\$ 24.87	\$.02

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	57	88	\$	2,815.04	\$	31.99	.000	\$	49.39	\$	.01
@TOTAL HOSPITAL	45,957	266,633	\$	34,367,849.52	\$	128.90	.777	\$	747.83	\$	100.13
HOSP INPATIENT TOTAL	4,972	35,712		28,510,175.67		798.34	.104		5734.15		83.06
HSC HOSPITALS	3,874	25,046		26,503,261.52		1058.18	.073		6841.32		77.22
NON-HSC HOSPITAL TOTAL	200	2,267		1,178,086.36		519.67	.007		5890.43		3.43
ACCOMMODATIONS	200	2,267		595,236.97		262.57	.007		2976.18		1.73
ADMINISTRATIVE DAYS	142	2,042		460,373.34		225.45	.006		3242.07		1.34
TRANSITIONAL IP CARE	0	0		201.16		.00	.000		.00		.00
ALL OTHER ACCOM	58	225		134,662.47		598.50	.001		2321.77		.39
ANCILLARIES	198	0		582,849.39		.00	.000		2943.68		1.70
INPATIENT CROSSOVERS	992	8,399		828,827.79		98.68	.024		835.51		2.41
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	43,107	230,921		5,857,673.85		25.37	.673		135.89		17.07
MEDICAL	11,225	17,280		785,242.22		45.44	.050		69.95		2.29
SURGERY	2,038	2,838		162,121.46		57.13	.008		79.55		.47
PATHOLOGY	20,713	99,165		1,206,904.73		12.17	.289		58.27		3.52
RADIOLOGY	7,420	11,836		972,082.24		82.13	.034		131.01		2.83
ROOM USE	19,566	29,663		1,208,784.60		40.75	.086		61.78		3.52
CROSSOVERS/ALL OTH OUTPTNT	18,271	70,139		1,522,538.60		21.71	.204		83.33		4.44
@COUNTY HOSPITAL TOTAL	13,952	83,092	\$	10,415,113.97	\$	125.34	.242	\$	746.50	\$	30.34
CO HOSPITAL INPATIENT TOTAL	1,232	9,442		8,226,920.01		871.31	.028		6677.69		23.97
HSC HOSPITALS	1,148	7,535		7,785,694.30		1033.27	.022		6781.96		22.68
NON-HSC HOSPITALS TOTAL	45	1,149		375,952.15		327.20	.003		8354.49		1.10
ACCOMMODATIONS	45	1,149		259,632.58		225.96	.003		5769.61		.76
ADMINISTRATIVE DAYS	45	1,149		259,607.61		225.94	.003		5769.06		.76
TRANSITIONAL IP CARE	0	0		24.97		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	45	0		116,319.57		.00	.000		2584.88		.34
INPATIENT CROSSOVERS	74	758		65,273.56		86.11	.002		882.08		.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	13,279	73,650		2,188,193.96		29.71	.215		164.79		6.38
MEDICAL	7,251	11,372		439,425.50		38.64	.033		60.60		1.28
SURGERY	756	1,393		64,342.60		46.19	.004		85.11		.19
PATHOLOGY	6,782	31,666		394,833.86		12.47	.092		58.22		1.15
RADIOLOGY	2,367	3,331		289,786.42		87.00	.010		122.43		.84
ROOM USE	8,821	13,479		532,659.78		39.52	.039		60.39		1.55
CROSSOVERS/ALL OTH OUTPTNT	4,322	12,409		467,145.80		37.65	.036		108.09		1.36
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE										

					----- MONTHLY AVERAGE -----			
343,236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	33,989	183,541	\$ 23,952,735.55	\$ 130.50	.535	\$ 704.72	\$ 69.79	
COMM HOSP INPATIENT TOTAL	3,795	26,270	20,283,255.66	772.11	.077	5344.73	59.09	
HSC HOSPITALS	2,780	17,511	18,717,567.22	1068.90	.051	6732.94	54.53	
NON-HSC HOSPITALS TOTAL	155	1,118	802,134.21	717.47	.003	5175.06	2.34	
ACCOMMODATIONS	155	1,118	335,604.39	300.18	.003	2165.19	.98	
ADMINISTRATIVE DAYS	97	893	200,765.73	224.82	.003	2069.75	.58	
TRANSITIONAL IP CARE	0	0	176.19	.00	.000	.00	.00	
ALL OTHER ACCOM	58	225	134,662.47	598.50	.001	2321.77	.39	
ANCILLARIES	153	0	466,529.82	.00	.000	3049.21	1.36	
INPATIENT CROSSOVERS	918	7,641	763,554.23	99.93	.022	831.76	2.22	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	31,579	157,271		3,669,479.89	23.33	.458	116.20	10.69
MEDICAL	4,199	5,908		345,816.72	58.53	.017	82.36	1.01
SURGERY	1,299	1,445		97,778.86	67.67	.004	75.27	.28
PATHOLOGY	14,463	67,499		812,070.87	12.03	.197	56.15	2.37
RADIOLOGY	5,207	8,505		682,295.82	80.22	.025	131.03	1.99
ROOM USE	11,526	16,184		676,124.82	41.78	.047	58.66	1.97
CROSSOVERS/ALL OTH OUTPTNT	14,176	57,730		1,055,392.80	18.28	.168	74.45	3.07
@STATE HOSPITAL	26	755	\$	453,053.26	\$ 600.07	.002	\$ 17425.13	\$ 1.32
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	26	755		453,053.26	600.07	.002	17425.13	1.32
@NURSING FACILITY	4,023	98,264	\$	15,307,046.34	\$ 155.77	.286	\$ 3804.88	\$ 44.60
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	359	10,902		1,316,721.51	120.78	.032	3667.75	3.84
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	199	6,191		3,401,198.04	549.38	.018	17091.45	9.91
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3,472	81,171		10,589,126.79	130.45	.236	3049.86	30.85
@INTERMEDIATE CARE FACIL.-DD	1,005	31,248	\$	4,990,302.49	\$ 159.70	.091	\$ 4965.48	\$ 14.54
ICF DDH	564	17,913		2,661,651.26	148.59	.052	4719.24	7.75
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	441	13,335		2,328,651.23	174.63	.039	5280.39	6.78
@HEMODIALYSIS TOTAL	2,089	45,215	\$	2,982,963.52	\$ 65.97	.132	\$ 1427.94	\$ 8.69
HOSPITAL BASED	139	1,100		647,347.06	588.50	.003	4657.17	1.89
HEMODIALYSIS CENTER	1,952	44,115		2,335,616.46	52.94	.129	1196.52	6.80
@REHABILITATION FACILITY	992	7,445	\$	150,782.61	\$ 20.25	.022	\$ 152.00	\$.44
HOSPITAL BASED	332	1,942		43,912.46	22.61	.006	132.27	.13
INDEPENDENT FACILITY	667	5,503		106,870.15	19.42	.016	160.23	.31
@LABORATORY FACILITY	5,025	25,172	\$	248,670.33	\$ 9.88	.073	\$ 49.49	\$.72
PATHOLOGY	4,188	23,235		230,021.90	9.90	.068	54.92	.67
XO AND OTHERS	837	1,937		18,648.43	9.63	.006	22.28	.05
@ORGANIZED OUTPATIENT CLINIC	16,631	30,599	\$	1,887,976.09	\$ 61.70	.089	\$ 113.52	\$ 5.50
CLINIC	1,549	6,996		157,213.83	22.47	.020	101.49	.46
SURGICENTER	325	1,720		114,608.50	66.63	.005	352.64	.33
HEROIN DETOX CLINIC	189	2,383		27,333.78	11.47	.007	144.62	.08
RURAL HEALTH CLINIC	14,662	19,500		1,588,819.98	81.48	.057	108.36	4.63

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SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

					----- MONTHLY AVERAGE -----			
343,236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	69,046	9,507,761	\$ 12,345,267.15	\$ 1.30	27.700	\$ 178.80	\$ 35.97	
DURABLE MED. EQUIP.	3,483	14,228	2,001,606.17	140.68	.041	574.68	5.83	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	236	321	105,093.08	327.39	.001	445.31	.31	
MEDICAL TRANSPORTATION	9,665	366,653	2,104,994.19	5.74	1.068	217.80	6.13	
AMBULANCES/AIR TRANS	3,681	34,740	655,305.43	18.86	.101	178.02	1.91	
OTHER TRANS	2,873	295,367	1,074,933.24	3.64	.861	374.15	3.13	
OTHER SERVICES	3,581	36,546	374,755.52	10.25	.106	104.65	1.09	
ACUPUNCTURE	1,562	3,120	58,565.28	18.77	.009	37.49	.17	
ADULT DAY HEALTH CARE CTR	1,037	15,075	1,006,193.59	66.75	.044	970.29	2.93	
GENETIC DISEASE TESTING	624	630	51,893.75	82.37	.002	83.16	.15	
IHMC,MODEL-NF,NF,AIDS,MSSP	2,431	95,767	2,901,146.61	30.29	.279	1193.40	8.45	
OCCUPATIONAL THERAPIST	59	888	5,228.00	5.89	.003	88.61	.02	
OPTICIAN	11,656	26,620	317,611.64	11.93	.078	27.25	.93	
PHYSICAL THERAPIST	11	357	1,693.08	4.74	.001	153.92	.00	

PORTABLE X-RAY	193	457	8,205.76	17.96	.001	42.52	.02
PROSTHETIST/ORTHOTISTS	489	1,533	134,815.03	87.94	.004	275.70	.39
PROSTHETICS	461	1,493	133,192.43	89.21	.004	288.92	.39
ORTHOTICS	28	40	1,622.60	40.57	.000	57.95	.00
PSYCHOLOGIST	40	191	7,307.30	38.26	.001	182.68	.02
SPEECH AND AUDIOLOGY	1,181	3,053	177,074.33	58.00	.009	149.94	.52
HOSPICE SERVICES	129	3,367	440,590.04	130.86	.010	3415.43	1.28
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	25,901	94,327	945,857.63	10.03	.275	36.52	2.76
EPSDT SUPPLEMENTAL SERVICE	19	2,803	70,813.73	25.26	.008	3727.04	.21
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16,826	8,878,371	2,006,577.94	.23	25.867	119.25	5.85
@CALIF. CHILDREN SERVICES*	6,498	466,283	\$ 12,209,463.28	\$ 26.18	1.358	\$ 1878.96	\$ 35.57
@XOVER EXCLUDING STATE HOSP**	41,130	547,986	\$ 5,850,546.21	\$ 10.68	1.597	\$ 142.25	\$ 17.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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19,193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,212	310,752	\$ 6,348,478.04	\$ 20.43	16.191	\$ 480.51	\$ 330.77
@PHYSICIANS SERVICES	3,508	11,427	\$ 433,779.68	\$ 37.96	.595	\$ 123.65	\$ 22.60
OUTPATIENT VISITS	1,247	1,775	66,141.77	37.26	.092	53.04	3.45
OFFICE VISITS	1,110	1,575	54,163.69	34.39	.082	48.80	2.82
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	170	185	11,540.40	62.38	.010	67.88	.60
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	15	437.68	29.18	.001	29.18	.02
INPATIENT VISITS	110	769	33,635.83	43.74	.040	305.78	1.75
HOSPITAL VISITS	106	745	31,603.83	42.42	.039	298.15	1.65
CRITICAL CARE	6	15	1,824.00	121.60	.001	304.00	.10
SNF/ICF/TRANS IP CARE	2	9	208.00	23.11	.000	104.00	.01
OPHTHALMOLOGICAL SERVICES	123	132	5,872.07	44.49	.007	47.74	.31
EXAMINATIONS	123	132	5,872.07	44.49	.007	47.74	.31
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	62	386	42,372.36	109.77	.020	683.43	2.21
PRINCIPAL SURGEON	44	64	31,102.25	485.97	.003	706.87	1.62
ASSISTANT SURGEON	10	13	3,802.72	292.52	.001	380.27	.20
ANESTHESIOLOGIST	25	309	7,467.39	24.17	.016	298.70	.39
OUTPATIENT SURGERY	221	606	107,312.76	177.08	.032	485.58	5.59
PRINCIPAL SURGEON	171	207	94,674.32	457.36	.011	553.65	4.93
ASSISTANT SURGEON	5	5	912.88	182.58	.000	182.58	.05
ANESTHESIOLOGIST	88	394	11,725.56	29.76	.021	133.25	.61
DIALYSIS	15	100	6,997.14	69.97	.005	466.48	.36
PATHOLOGY	247	547	5,536.78	10.12	.028	22.42	.29
RADIOLOGY	440	895	48,643.65	54.35	.047	110.55	2.53
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	81	172	9,537.13	55.45	.009	117.74	.50
OTHER SERVICES/ALL X-OVERS	2,107	6,045	107,730.19	17.82	.315	51.13	5.61
@PHARMACY	10,771	87,612	\$ 2,490,538.63	\$ 28.43	4.565	\$ 231.23	\$ 129.76
PRESCRIPTION DRUGS	10,641	43,731	2,404,156.63	54.98	2.278	225.93	125.26

SNF/ICF	312	1,831		90,210.05		49.27	.095	289.13	4.70
OUTPATIENTS	10,361	41,900		2,313,946.58		55.23	2.183	223.33	120.56
MEDICAL SUPPLIES	805	43,881		86,382.00		1.97	2.286	107.31	4.50
@DENTIST	1,038	5,223	\$	242,842.54	\$	46.49	.272	\$ 233.95	\$ 12.65
VISITS - DIAGNOSTIC	678	2,936		39,144.19		13.33	.153	57.73	2.04
ORAL SURGERY	202	699		30,436.50		43.54	.036	150.68	1.59
DRUGS	3	3		45.00		15.00	.000	15.00	.00
ANESTHESIA	4	4		400.00		100.00	.000	100.00	.02
PERIODONTICS	72	84		11,385.00		135.54	.004	158.13	.59
ENDODONTICS	33	38		8,327.00		219.13	.002	252.33	.43
RESTORATIVE DENTISTRY	230	787		60,450.25		76.81	.041	262.83	3.15
PROSTHETICS	20	25		780.00		31.20	.001	39.00	.04
DENTURES, STAYPLATES	222	642		91,788.20		142.97	.033	413.46	4.78
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		.00		.00	.000	.00	.00
ALL OTHER SERVICES	4	4		86.40		21.60	.000	21.60	.00

#CALIF DEPT OF HEALTH SERV MOP024
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19,193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	375	999	\$ 20,940.18	\$ 20.96	.052	\$ 55.84	\$ 1.09
DIAGNOSTIC AND ANC. PROCED	99	100	4,626.81	46.27	.005	46.74	.24
EYE APPLIANCES	298	861	15,219.49	17.68	.045	51.07	.79
OTHER OPTOMETRIC SERVICES	40	38	1,093.88	28.79	.002	27.35	.06
@CHIROPRACTOR	8	14	\$ 229.58	\$ 16.40	.001	\$ 28.70	\$.01
VISITS	6	12	196.14	16.35	.001	32.69	.01
OTHER SERVICES	2	2	33.44	16.72	.000	16.72	.00
@PODIATRIST	227	323	\$ 5,340.95	\$ 16.54	.017	\$ 23.53	\$.28
MEDICINE/INJECTIONS	52	56	1,537.20	27.45	.003	29.56	.08
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	2	19.69	9.85	.000	9.85	.00
OTHER	174	265	3,784.06	14.28	.014	21.75	.20
@HOME HEALTH AGENCY	25	165	\$ 10,623.12	\$ 64.38	.009	\$ 424.92	\$.55
NURSE ANESTHESIST	11	15	\$ 159.33	\$ 10.62	.001	\$ 14.48	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$ 40.85	\$ 20.43	.000	\$ 20.43	\$.00
@TOTAL HOSPITAL	1,981	10,189	\$ 1,179,998.04	\$ 115.81	.531	\$ 595.66	\$ 61.48
HOSP INPATIENT TOTAL	220	1,668	923,139.95	553.44	.087	4196.09	48.10
HSC HOSPITALS	117	849	839,532.24	988.85	.044	7175.49	43.74
NON-HSC HOSPITAL TOTAL	1	5	8,347.95	1669.59	.000	8347.95	.43
ACCOMMODATIONS	1	5	2,581.92	516.38	.000	2581.92	.13
ADMINISTRATIVE DAYS	0	0	17.08CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	2,599.00	519.80	.000	2599.00	.14
ANCILLARIES	1	0	5,766.03	.00	.000	5766.03	.30
INPATIENT CROSSOVERS	102	814	75,259.76	92.46	.042	737.84	3.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,850	8,521	256,858.09	30.14	.444	138.84	13.38
MEDICAL	540	817	36,641.68	44.85	.043	67.85	1.91
SURGERY	78	120	9,140.99	76.17	.006	117.19	.48
PATHOLOGY	699	3,094	36,990.24	11.96	.161	52.92	1.93

RADIOLOGY	284	548	41,872.15	76.41	.029	147.44	2.18
ROOM USE	629	973	40,546.72	41.67	.051	64.46	2.11
CROSSOVERS/ALL OTH OUTPTNT	962	2,969	91,666.31	30.87	.155	95.29	4.78
@COUNTY HOSPITAL TOTAL	644	3,776	\$ 471,506.18	\$ 124.87	.197	\$ 732.15	\$ 24.57
CO HOSPITAL INPATIENT TOTAL	60	460	376,655.17	818.82	.024	6277.59	19.62
HSC HOSPITALS	52	357	372,045.61	1042.14	.019	7154.72	19.38
NON-HSC HOSPITALS TOTAL	0	0	10.80	.00	.000	.00	.00
ACCOMMODATIONS	0	0	10.80	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	10.80	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	103	4,598.76	44.65	.005	574.85	.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	610	3,316	94,851.01	28.60	.173	155.49	4.94
MEDICAL	417	630	23,118.69	36.70	.033	55.44	1.20
SURGERY	27	62	2,478.38	39.97	.003	91.79	.13
PATHOLOGY	289	1,191	14,718.68	12.36	.062	50.93	.77
RADIOLOGY	110	143	11,394.73	79.68	.007	103.59	.59
ROOM USE	452	662	25,145.02	37.98	.034	55.63	1.31
CROSSOVERS/ALL OTH OUTPTNT	220	628	17,995.51	28.66	.033	81.80	.94
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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
19,193 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,397	6,413	\$ 708,491.86	\$ 110.48	.334	\$ 507.15	\$ 36.91
COMM HOSP INPATIENT TOTAL	162	1,208	546,484.78	452.39	.063	3373.36	28.47
HSC HOSPITALS	67	492	467,486.63	950.18	.026	6977.41	24.36
NON-HSC HOSPITALS TOTAL	1	5	8,337.15	1667.43	.000	8337.15	.43
ACCOMMODATIONS	1	5	2,571.12	514.22	.000	2571.12	.13

ADMINISTRATIVE DAYS	0	0	27.88CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	2,599.00	519.80	.000	2599.00	.14
ANCILLARIES	1	0	5,766.03	.00	.000	5766.03	.30
INPATIENT CROSSOVERS	94	711	70,661.00	99.38	.037	751.71	3.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,294	5,205	162,007.08	31.13	.271	125.20	8.44
MEDICAL	132	187	13,522.99	72.32	.010	102.45	.70
SURGERY	54	58	6,662.61	114.87	.003	123.38	.35
PATHOLOGY	425	1,903	22,271.56	11.70	.099	52.40	1.16
RADIOLOGY	184	405	30,477.42	75.25	.021	165.64	1.59
ROOM USE	203	311	15,401.70	49.52	.016	75.87	.80
CROSSOVERS/ALL OTH OUTPTNT	750	2,341	73,670.80	31.47	.122	98.23	3.84
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	393	7,847	1,413,863.29	180.18	.409	3597.62	73.67
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	8	262	31,683.66	120.93	.014	3960.46	1.65
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	19	757	416,276.27	549.90	.039	21909.28	21.69
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	371	6,828	965,903.36	141.46	.356	2603.51	50.33
@INTERMEDIATE CARE FACIL.--DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	92	336	101,251.22	301.34	.018	1100.56	5.28
HOSPITAL BASED	12	92	47,122.38	512.20	.005	3926.87	2.46
HEMODIALYSIS CENTER	80	244	54,128.84	221.84	.013	676.61	2.82
@REHABILITATION FACILITY	4	6	277.56	46.26	.000	69.39	.01
HOSPITAL BASED	4	6	277.56	46.26	.000	69.39	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	282	2,071	12,951.39	6.25	.108	45.93	.67
PATHOLOGY	179	1,784	9,980.72	5.59	.093	55.76	.52
XO AND OTHERS	103	287	2,970.67	10.35	.015	28.84	.15
@ORGANIZED OUTPATIENT CLINIC	528	1,487	94,210.38	63.36	.077	178.43	4.91
CLINIC	38	391	7,277.88	18.61	.020	191.52	.38
SURGICENTER	68	491	35,332.83	71.96	.026	519.60	1.84
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	428	605	51,599.67	85.29	.032	120.56	2.69

#CALIF DEPT OF HEALTH SERV MOP024
 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - NO SOC - AGED

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19,193 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,960	183,036	\$ 341,431.30	\$ 1.87	9.537	\$ 174.20	\$ 17.79
DURABLE MED. EQUIP.	80	151	19,245.74	127.46	.008	240.57	1.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	19	29	9,549.58	329.30	.002	502.61	.50
MEDICAL TRANSPORTATION	467	21,091	96,045.45	4.55	1.099	205.66	5.00
AMBULANCES/AIR TRANS	69	638	10,550.55	16.54	.033	152.91	.55
OTHER TRANS	157	18,175	64,303.98	3.54	.947	409.58	3.35
OTHER SERVICES	261	2,278	21,190.92	9.30	.119	81.19	1.10
ACUPUNCTURE	34	80	1,405.70	17.57	.004	41.34	.07

ADULT DAY HEALTH CARE CTR	91	1,569	104,518.30	66.61	.082	1148.55	5.45
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	45	107	13,296.33	124.26	.006	295.47	.69
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	491	1,222	16,991.02	13.90	.064	34.60	.89
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	19	169.47	8.92	.001	24.21	.01
PROSTHETIST/ORTHOTISTS	10	28	740.51	26.45	.001	74.05	.04
PROSTHETICS	9	27	706.01	26.15	.001	78.45	.04
ORTHOTICS	1	1	34.50	34.50	.000	34.50	.00
PSYCHOLOGIST	1	1	6.08	6.08	.000	6.08	.00
SPEECH AND AUDIOLOGY	92	210	13,648.67	64.99	.011	148.36	.71
HOSPICE SERVICES	2	27	2,896.56	107.28	.001	1448.28	.15
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	821	158,502	62,917.89	.40	8.258	76.64	3.28
@CALIF. CHILDREN SERVICES*	1	6CR	\$ 151.21CR	\$ 25.20	.000	\$ 151.21CR	.01CR
@XOVER EXCLUDING STATE HOSP**	3,198	24,626	\$ 518,688.21	\$ 21.06	1.283	\$ 162.19	\$ 27.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

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131 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	128	1,548	\$ 58,951.98	\$ 38.08	11.817	\$ 460.56	\$ 450.02
@PHYSICIANS SERVICES	25	50	\$ 1,173.59	\$ 23.47	.382	\$ 46.94	\$ 8.96
OUTPATIENT VISITS	5	6	188.99	31.50	.046	37.80	1.44
OFFICE VISITS	4	5	120.64	24.13	.038	30.16	.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.008	68.35	.52
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	10	239.82	23.98	.076	119.91	1.83
PRINCIPAL SURGEON	2	10	239.82	23.98	.076	119.91	1.83
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	1	1		6.06		6.06	.008	6.06	.05
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	18	33		738.72		22.39	.252	41.04	5.64
@PHARMACY	103	581	\$	21,565.69	\$	37.12	4.435	209.38	164.62
PRESCRIPTION DRUGS	99	386		20,214.93		52.37	2.947	204.19	154.31
SNF/ICF	6	16		1,245.67		77.85	.122	207.61	9.51
OUTPATIENTS	93	370		18,969.26		51.27	2.824	203.97	144.80
MEDICAL SUPPLIES	18	195		1,350.76		6.93	1.489	75.04	10.31
@DENTIST	7	19	\$	557.00	\$	29.32	.145	79.57	4.25
VISITS - DIAGNOSTIC	5	14		167.00		11.93	.107	33.40	1.27
ORAL SURGERY	1	1		85.00		85.00	.008	85.00	.65
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	3		165.00		55.00	.023	82.50	1.26
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		140.00		140.00	.008	140.00	1.07
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								AID CODE 24

131 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	11	\$ 175.97	\$ 16.00	.084	\$ 58.66	\$ 1.34
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	9	138.81	15.42	.069	69.41	1.06
OTHER OPTOMETRIC SERVICES	1	2	37.16	18.58	.015	37.16	.28
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	6	\$ 25.38	\$ 4.23	.046	\$ 5.08	\$.19
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	6	25.38	4.23	.046	5.08	.19
@HOME HEALTH AGENCY	1	177	\$ 5,221.59	\$ 29.50	1.351	\$ 5221.59	\$ 39.86
NURSE ANESTHESIST	2	2	45.91	22.96	.015	22.96	.35
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	16	94	\$ 2,994.20	\$ 31.85	.718	\$ 187.14	\$ 22.86
HOSP INPATIENT TOTAL	3	18	1,629.05	90.50	.137	543.02	12.44
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	3	18		1,629.05	90.50	.137	543.02	12.44
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13	76		1,365.15	17.96	.580	105.01	10.42
MEDICAL	3	4		136.19	34.05	.031	45.40	1.04
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	8	46		430.69	9.36	.351	53.84	3.29
RADIOLOGY	2	2		206.08	103.04	.015	103.04	1.57
ROOM USE	6	7		253.26	36.18	.053	42.21	1.93
CROSSOVERS/ALL OTH OUTPTNT	4	17		338.93	19.94	.130	84.73	2.59
@COUNTY HOSPITAL TOTAL	9	54	\$	1,465.10	\$ 27.13	.412	\$ 162.79	\$ 11.18
CO HOSPITAL INPATIENT TOTAL	1	3		774.67	258.22	.023	774.67	5.91
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3		774.67	258.22	.023	774.67	5.91
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	51		690.43	13.54	.389	86.30	5.27
MEDICAL	3	4		136.19	34.05	.031	45.40	1.04
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	41		350.17	8.54	.313	50.02	2.67
RADIOLOGY	0	0		8.70	.00	.000	.00	.07
ROOM USE	4	5		190.43	38.09	.038	47.61	1.45
CROSSOVERS/ALL OTH OUTPTNT	1	1		4.94	4.94	.008	4.94	.04

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131 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	40	\$ 1,529.10	\$ 38.23	.305	\$ 218.44	\$ 11.67
COMM HOSP INPATIENT TOTAL	2	15	854.38	56.96	.115	427.19	6.52
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	15	854.38	56.96	.115	427.19	6.52
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	25	674.72	26.99	.191	134.94	5.15
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	5	80.52	16.10	.038	80.52	.61
RADIOLOGY	2	2	197.38	98.69	.015	98.69	1.51
ROOM USE	2	2	62.83	31.42	.015	31.42	.48
CROSSOVERS/ALL OTH OUTPTNT	3	16	333.99	20.87	.122	111.33	2.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7	165	\$ 19,710.29	\$ 119.46	1.260	\$ 2815.76	\$ 150.46
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	3	87		10,520.91		120.93	.664	3506.97	80.31
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	4	78		9,189.38		117.81	.595	2297.35	70.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	3	\$	1,471.72	\$	490.57	.023	735.86	11.23
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	2	3		1,471.72		490.57	.023	735.86	11.23
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	40.73	\$	40.73	.008	40.73	.31
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	1	1		40.73		40.73	.008	40.73	.31
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	96.72	\$	.00	.000	.00	.74
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		96.72		.00	.000	.00	.74
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131 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	27	439	\$ 5,873.19	\$ 13.38	3.351	\$ 217.53	\$ 44.83
DURABLE MED. EQUIP.	3	18	1,503.76	83.54	.137	501.25	11.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	88	873.74	9.93	.672	109.22	6.67
AMBULANCES/AIR TRANS	1	3	131.63	43.88	.023	131.63	1.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	7	85	742.11	8.73	.649	106.02	5.66
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	7	22	2,143.90	97.45	.168	306.27	16.37
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	60.60	10.10	.046	30.30	.46
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	28	221.34	7.91	.214	73.78	1.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	277	1,069.85	3.86	2.115	97.26	8.17
@CALIF. CHILDREN SERVICES*	2	14	\$ 807.20	\$ 57.66	.107	\$ 403.60	\$ 6.16
@XOVER EXCLUDING STATE HOSP**	42	174	\$ 6,246.30	\$ 35.90	1.328	\$ 148.72	\$ 47.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,653
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

	11,458 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,834	422,970	\$	9,455,005.27	\$ 22.35	36.915	\$ 961.46	\$ 825.19
@PHYSICIANS SERVICES	2,659	11,610	\$	438,315.50	\$ 37.75	1.013	\$ 164.84	\$ 38.25
OUTPATIENT VISITS	885	1,344		54,076.96	40.24	.117	61.10	4.72
OFFICE VISITS	604	872		28,571.36	32.77	.076	47.30	2.49
HOME VISITS	7	10		412.20	41.22	.001	58.89	.04
EMERGENCY ROOM	253	316		21,346.14	67.55	.028	84.37	1.86
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	6		196.99	32.83	.001	98.50	.02
OTHER OUTPATIENT	89	140		3,550.27	25.36	.012	39.89	.31
INPATIENT VISITS	237	1,301		63,091.49	48.49	.114	266.21	5.51
HOSPITAL VISITS	206	1,095		44,646.35	40.77	.096	216.73	3.90
CRITICAL CARE	19	124		15,156.18	122.23	.011	797.69	1.32
SNF/ICF/TRANS IP CARE	33	82		3,288.96	40.11	.007	99.67	.29
OPHTHALMOLOGICAL SERVICES	62	68		3,178.97	46.75	.006	51.27	.28
EXAMINATIONS	62	68		3,178.97	46.75	.006	51.27	.28
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	125	1,085		86,369.11	79.60	.095	690.95	7.54
PRINCIPAL SURGEON	87	165		64,888.75	393.27	.014	745.85	5.66
ASSISTANT SURGEON	10	12		2,492.63	207.72	.001	249.26	.22
ANESTHESIOLOGIST	51	908		18,987.73	20.91	.079	372.31	1.66

OUTPATIENT SURGERY	182	378		46,861.73		123.97	.033	257.48	4.09
PRINCIPAL SURGEON	166	227		42,212.33		185.96	.020	254.29	3.68
ASSISTANT SURGEON	3	3		851.45		283.82	.000	283.82	.07
ANESTHESIOLOGIST	24	148		3,797.95		25.66	.013	158.25	.33
DIALYSIS	49	176		17,351.11		98.59	.015	354.10	1.51
PATHOLOGY	192	566		8,861.51		15.66	.049	46.15	.77
RADIOLOGY	380	1,146		63,516.83		55.42	.100	167.15	5.54
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	48	223		6,721.48		30.14	.019	140.03	.59
OTHER SERVICES/ALL X-OVERS	1,608	5,323		88,286.31		16.59	.465	54.90	7.71
@PHARMACY	7,714	61,908	\$	2,829,886.81	\$	45.71	5.403	\$ 366.85	\$ 246.98
PRESCRIPTION DRUGS	7,625	35,794		2,734,792.42		76.40	3.124	358.66	238.68
SNF/ICF	195	1,725		96,563.31		55.98	.151	495.20	8.43
OUTPATIENTS	7,447	34,069		2,638,229.11		77.44	2.973	354.27	230.25
MEDICAL SUPPLIES	789	26,114		95,094.39		3.64	2.279	120.53	8.30
@DENTIST	945	4,815	\$	217,613.89	\$	45.19	.420	\$ 230.28	\$ 18.99
VISITS - DIAGNOSTIC	626	2,845		36,598.15		12.86	.248	58.46	3.19
ORAL SURGERY	159	513		27,217.75		53.06	.045	171.18	2.38
DRUGS	7	7		105.00		15.00	.001	15.00	.01
ANESTHESIA	12	13		1,100.00		84.62	.001	91.67	.10
PERIODONTICS	94	97		14,715.00		151.70	.008	156.54	1.28
ENDODONTICS	36	47		10,362.00		220.47	.004	287.83	.90
RESTORATIVE DENTISTRY	290	921		75,792.00		82.29	.080	261.35	6.61
PROSTHETICS	12	14		340.00		24.29	.001	28.33	.03
DENTURES, STAYPLATES	122	347		51,075.87		147.19	.030	418.65	4.46
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		168.12		168.12	.000	168.12	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3		140.00		46.67	.000	46.67	.01
ALL OTHER SERVICES	5	7		.00		.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 11,654
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

----- MONTHLY AVERAGE -----									
11,458 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	275	770	\$ 15,831.19	\$ 20.56	.067	\$ 57.57	\$ 1.38		
DIAGNOSTIC AND ANC. PROCED	94	95	4,320.15	45.48	.008	45.96	.38		
EYE APPLIANCES	218	647	10,659.74	16.48	.056	48.90	.93		
OTHER OPTOMETRIC SERVICES	21	28	851.30	30.40	.002	40.54	.07		
@CHIROPRACTOR	10	15	\$ 250.80	\$ 16.72	.001	\$ 25.08	\$.02		
VISITS	5	8	133.76	16.72	.001	26.75	.01		
OTHER SERVICES	5	7	117.04	16.72	.001	23.41	.01		
@PODIATRIST	171	274	\$ 8,489.90	\$ 30.99	.024	\$ 49.65	\$.74		
MEDICINE/INJECTIONS	40	46	1,163.55	25.29	.004	29.09	.10		
SURGERY/ANES.	1	2	501.86	250.93	.000	501.86	.04		
RADIO./PATHOLOGY	2	2	28.55	14.28	.000	14.28	.00		
OTHER	131	224	6,795.94	30.34	.020	51.88	.59		
@HOME HEALTH AGENCY	111	10,660	\$ 301,780.34	\$ 28.31	.930	\$ 2718.74	\$ 26.34		
NURSE ANESTHESIST	8	8	133.01	16.63	.001	16.63	.01		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	2,178	20,052	\$ 3,980,900.95	\$ 198.53	1.750	\$ 1827.78	\$ 347.43		
HOSP INPATIENT TOTAL	361	4,051	3,511,807.72	866.90	.354	9728.00	306.49		
HSC HOSPITALS	288	2,995	3,281,618.00	1095.70	.261	11394.51	286.40		

NON-HSC HOSPITAL TOTAL	21	388	130,724.75	336.92	.034	6224.99	11.41
ACCOMMODATIONS	21	388	88,585.53	228.31	.034	4218.36	7.73
ADMINISTRATIVE DAYS	21	388	88,510.02	228.12	.034	4214.76	7.72
TRANSITIONAL IP CARE	0	0	75.51	.00	.000	.00	.01
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	21	0	42,139.22	.00	.000	2006.63	3.68
INPATIENT CROSSOVERS	65	668	99,464.97	148.90	.058	1530.23	8.68
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,981	16,001	469,093.23	29.32	1.396	236.80	40.94
MEDICAL	856	1,785	76,074.91	42.62	.156	88.87	6.64
SURGERY	124	300	14,661.98	48.87	.026	118.24	1.28
PATHOLOGY	968	6,384	69,958.01	10.96	.557	72.27	6.11
RADIOLOGY	427	1,033	100,069.70	96.87	.090	234.36	8.73
ROOM USE	1,008	2,140	81,570.92	38.12	.187	80.92	7.12
CROSSOVERS/ALL OTH OUTPTNT	968	4,359	126,757.71	29.08	.380	130.95	11.06
@COUNTY HOSPITAL TOTAL	1,175	12,701	\$ 2,415,103.39	\$ 190.15	1.108	\$ 2055.41	\$ 210.78
CO HOSPITAL INPATIENT TOTAL	188	2,424	2,096,650.09	864.95	.212	11152.39	182.99
HSC HOSPITALS	172	1,848	1,961,578.00	1061.46	.161	11404.52	171.20
NON-HSC HOSPITALS TOTAL	15	332	101,899.09	306.92	.029	6793.27	8.89
ACCOMMODATIONS	15	332	75,501.19	227.41	.029	5033.41	6.59
ADMINISTRATIVE DAYS	15	332	75,501.19	227.41	.029	5033.41	6.59
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	15	0	26,397.90	.00	.000	1759.86	2.30
INPATIENT CROSSOVERS	10	244	33,173.00	135.95	.021	3317.30	2.90
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,085	10,277	318,453.30	30.99	.897	293.51	27.79
MEDICAL	770	1,650	67,776.93	41.08	.144	88.02	5.92
SURGERY	76	245	11,525.86	47.04	.021	151.66	1.01
PATHOLOGY	651	4,019	45,615.98	11.35	.351	70.07	3.98
RADIOLOGY	275	454	57,929.12	127.60	.040	210.65	5.06
ROOM USE	780	1,649	62,089.02	37.65	.144	79.60	5.42
CROSSOVERS/ALL OTH OUTPTNT	411	2,260	73,516.39	32.53	.197	178.87	6.42

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,655
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	11,458 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,148	7,351	\$ 1,565,797.56	\$ 213.00	.642	\$ 1363.94	\$ 136.66	
COMM HOSP INPATIENT TOTAL	186	1,627	1,415,157.63	869.80	.142	7608.37	123.51	
HSC HOSPITALS	129	1,147	1,320,040.00	1150.86	.100	10232.87	115.21	
NON-HSC HOSPITALS TOTAL	6	56	28,825.66	514.74	.005	4804.28	2.52	
ACCOMMODATIONS	6	56	13,084.34	233.65	.005	2180.72	1.14	
ADMINISTRATIVE DAYS	6	56	13,008.83	232.30	.005	2168.14	1.14	
TRANSITIONAL IP CARE	0	0	75.51	.00	.000	.00	.01	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	6	0	15,741.32	.00	.000	2623.55	1.37	
INPATIENT CROSSOVERS	55	424	66,291.97	156.35	.037	1205.31	5.79	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,015	5,724	150,639.93	26.32	.500	148.41	13.15	
MEDICAL	100	135	8,297.98	61.47	.012	82.98	.72	
SURGERY	50	55	3,136.12	57.02	.005	62.72	.27	
PATHOLOGY	360	2,365	24,342.03	10.29	.206	67.62	2.12	
RADIOLOGY	165	579	42,140.58	72.78	.051	255.40	3.68	
ROOM USE	285	491	19,481.90	39.68	.043	68.36	1.70	

CROSSOVERS/ALL OTH OUTPTNT	583	2,099		53,241.32	25.37	.183	91.32	4.65
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	172	4,565	\$	670,438.31	\$ 146.86	.398	\$ 3897.90	\$ 58.51
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	7	283		34,183.59	120.79	.025	4883.37	2.98
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	6	202		115,031.37	569.46	.018	19171.90	10.04
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	160	4,080		521,223.35	127.75	.356	3257.65	45.49
@INTERMEDIATE CARE FACIL.-DD	12	387	\$	57,713.94	\$ 149.13	.034	\$ 4809.50	\$ 5.04
ICF DDH	12	387		57,713.94	149.13	.034	4809.50	5.04
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	173	1,281	\$	294,839.18	\$ 230.16	.112	\$ 1704.27	\$ 25.73
HOSPITAL BASED	36	342		193,246.03	565.05	.030	5367.95	16.87
HEMODIALYSIS CENTER	137	939		101,593.15	108.19	.082	741.56	8.87
@REHABILITATION FACILITY	57	393	\$	8,021.10	\$ 20.41	.034	\$ 140.72	\$.70
HOSPITAL BASED	29	184		3,982.43	21.64	.016	137.33	.35
INDEPENDENT FACILITY	28	209		4,038.67	19.32	.018	144.24	.35
@LABORATORY FACILITY	157	981	\$	10,062.27	\$ 10.26	.086	\$ 64.09	\$.88
PATHOLOGY	133	919		9,583.05	10.43	.080	72.05	.84
XO AND OTHERS	24	62		479.22	7.73	.005	19.97	.04
@ORGANIZED OUTPATIENT CLINIC	265	532	\$	38,067.45	\$ 71.56	.046	\$ 143.65	\$ 3.32
CLINIC	16	27		1,601.78	59.33	.002	100.11	.14
SURGICENTER	7	63		4,027.08	63.92	.005	575.30	.35
HEROIN DETOX CLINIC	7	94		1,067.83	11.36	.008	152.55	.09
RURAL HEALTH CLINIC	238	348		31,370.76	90.15	.030	131.81	2.74

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,656
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

11,458 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,789	304,719	\$	582,660.63	\$ 1.91	26.594	\$ 325.69	\$ 50.85
DURABLE MED. EQUIP.	162	548		109,117.39	199.12	.048	673.56	9.52
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	11		4,928.62	448.06	.001	616.08	.43
MEDICAL TRANSPORTATION	435	19,369		107,313.69	5.54	1.690	246.70	9.37
AMBULANCES/AIR TRANS	154	1,434		32,513.43	22.67	.125	211.13	2.84
OTHER TRANS	134	15,960		54,147.02	3.39	1.393	404.08	4.73
OTHER SERVICES	168	1,975		20,653.24	10.46	.172	122.94	1.80
ACUPUNCTURE	26	57		955.63	16.77	.005	36.76	.08
ADULT DAY HEALTH CARE CTR	35	504		33,677.94	66.82	.044	962.23	2.94
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	37	6,901		139,160.92	20.17	.602	3761.11	12.15
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	311	746		9,690.49	12.99	.065	31.16	.85
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	6	7		111.05	15.86	.001	18.51	.01
PROSTHETIST/ORTHOTISTS	26	126		13,072.54	103.75	.011	502.79	1.14
PROSTHETICS	26	126		13,072.54	103.75	.011	502.79	1.14
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	31	71		5,522.34	77.78	.006	178.14	.48

HOSPICE SERVICES	17	445	54,519.97	122.52	.039	3207.06	4.76
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	165	1,777	19,322.98	10.87	.155	117.11	1.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	700	274,156	85,162.07	.31	23.927	121.66	7.43
@CALIF. CHILDREN SERVICES*	191	16,927	\$ 272,941.94	\$ 16.12	1.477	\$ 1429.02	\$ 23.82
@XOVER EXCLUDING STATE HOSP**	2,064	18,557	\$ 369,033.22	\$ 19.89	1.620	\$ 178.80	\$ 32.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,657
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J	

					----- MONTHLY AVERAGE -----			
153,160 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	87,607	423,591	\$ 27,465,035.20	\$ 64.84	2.766	\$ 313.50	\$ 179.32	
@PHYSICIANS SERVICES	16,575	56,106	\$ 3,577,057.47	\$ 63.76	.366	\$ 215.81	\$ 23.36	
OUTPATIENT VISITS	10,414	20,773	690,934.21	33.26	.136	66.35	4.51	
OFFICE VISITS	5,389	6,941	238,782.64	34.40	.045	44.31	1.56	
HOME VISITS	2	2	117.82	58.91	.000	58.91	.00	
EMERGENCY ROOM	2,772	3,170	160,665.11	50.68	.021	57.96	1.05	
PREVENTIVE CARE	42	46	1,796.77	39.06	.000	42.78	.01	
OB VISITS/COMPRE PERI	2,292	9,919	268,382.72	27.06	.065	117.10	1.75	
OTHER OUTPATIENT	573	695	21,189.15	30.49	.005	36.98	.14	
INPATIENT VISITS	2,113	9,409	920,818.98	97.87	.061	435.79	6.01	
HOSPITAL VISITS	1,786	5,071	243,414.73	48.00	.033	136.29	1.59	
CRITICAL CARE	449	4,274	674,482.81	157.81	.028	1502.19	4.40	
SNF/ICF/TRANS IP CARE	13	64	2,921.44	45.65	.000	224.73	.02	
OPHTHALMOLOGICAL SERVICES	251	293	14,988.05	51.15	.002	59.71	.10	

EXAMINATIONS	247	289	14,911.05	51.60	.002	60.37	.10
SERVICES AND MATERIALS	4	4	77.00	19.25	.000	19.25	.00
INPATIENT HOSPITAL SURGERY	1,961	6,534	1,210,065.19	185.20	.043	617.07	7.90
PRINCIPAL SURGEON	1,540	1,864	1,043,928.80	560.05	.012	677.88	6.82
ASSISTANT SURGEON	237	237	44,644.76	188.37	.002	188.37	.29
ANESTHESIOLOGIST	505	4,433	121,491.63	27.41	.029	240.58	.79
OUTPATIENT SURGERY	1,762	3,276	226,824.47	69.24	.021	128.73	1.48
PRINCIPAL SURGEON	1,629	2,088	191,788.13	91.85	.014	117.73	1.25
ASSISTANT SURGEON	11	11	1,618.54	147.14	.000	147.14	.01
ANESTHESIOLOGIST	309	1,177	33,417.80	28.39	.008	108.15	.22
DIALYSIS	33	91	11,555.83	126.99	.001	350.18	.08
PATHOLOGY	1,867	3,907	50,949.49	13.04	.026	27.29	.33
RADIOLOGY	2,832	4,992	229,087.65	45.89	.033	80.89	1.50
PSYCHIATRY	2	4	269.66	67.42	.000	134.83	.00
IMMUNIZATION AND INJECTION	394	1,289	60,315.95	46.79	.008	153.09	.39
OTHER SERVICES/ALL X-OVERS	2,285	5,538	161,247.99	29.12	.036	70.57	1.05
@PHARMACY	15,286	37,314	\$ 1,711,818.75	\$ 45.88	.244	\$ 111.99	\$ 11.18
PRESCRIPTION DRUGS	14,842	32,191	1,265,417.90	39.31	.210	85.26	8.26
SNF/ICF	16	59	6,426.07	108.92	.000	401.63	.04
OUTPATIENTS	14,827	32,132	1,258,991.83	39.18	.210	84.91	8.22
MEDICAL SUPPLIES	981	5,123	446,400.85	87.14	.033	455.05	2.91
@DENTIST	26,637	158,877	\$ 5,027,439.23	\$ 31.64	1.037	\$ 188.74	\$ 32.82
VISITS - DIAGNOSTIC	19,673	104,553	1,373,637.55	13.14	.683	69.82	8.97
ORAL SURGERY	4,464	8,829	486,155.95	55.06	.058	108.91	3.17
DRUGS	515	607	12,706.75	20.93	.004	24.67	.08
ANESTHESIA	196	203	18,175.00	89.53	.001	92.73	.12
PERIODONTICS	1,329	1,499	190,210.00	126.89	.010	143.12	1.24
ENDODONTICS	2,339	3,788	511,616.65	135.06	.025	218.73	3.34
RESTORATIVE DENTISTRY	10,735	36,536	2,185,817.05	59.83	.239	203.62	14.27
PROSTHETICS	100	108	2,390.00	22.13	.001	23.90	.02
DENTURES, STAYPLATES	384	1,284	127,487.00	99.29	.008	332.00	.83
SPACE MAINTAINERS	173	217	24,252.37	111.76	.001	140.19	.16
MAXILLOFACIAL SERVICES	86	98	15,159.49	154.69	.001	176.27	.10
FRACTURES, DISLOCATIONS	2	2	700.00	350.00	.000	350.00	.00
ORTHODONTIC SERVICES	836	1,025	78,561.42	76.65	.007	93.97	.51
ALL OTHER SERVICES	94	128	570.00	4.45	.001	6.06	.00

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	153,160 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	665	1,933	\$	44,520.10	\$ 23.03	.013	\$ 66.95	\$.29
DIAGNOSTIC AND ANC. PROCED	488	494		22,957.96	46.47	.003	47.05	.15
EYE APPLIANCES	490	1,436		21,530.58	14.99	.009	43.94	.14
OTHER OPTOMETRIC SERVICES	2	3		31.56	10.52	.000	15.78	.00
@CHIROPRACTOR	440	770	\$	12,538.39	\$ 16.28	.005	\$ 28.50	\$.08
VISITS	438	763		12,504.55	16.39	.005	28.55	.08
OTHER SERVICES	2	7		33.84	4.83	.000	16.92	.00
@PODIATRIST	16	28	\$	1,072.59	\$ 38.31	.000	\$ 67.04	\$.01
MEDICINE/INJECTIONS	15	15		624.28	41.62	.000	41.62	.00
SURGERY/ANES.	2	2		108.14	54.07	.000	54.07	.00
RADIO./PATHOLOGY	6	7		115.05	16.44	.000	19.18	.00
OTHER	1	4		225.12	56.28	.000	225.12	.00
@HOME HEALTH AGENCY	68	1,418	\$	57,937.39	\$ 40.86	.009	\$ 852.02	\$.38
NURSE ANESTHESIST	1	3	\$	71.85	\$ 23.95	.000	\$ 71.85	\$.00

----- MONTHLY AVERAGE -----

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	4	\$	156.42	\$	39.11	.000	\$	39.11	\$	.00
@TOTAL HOSPITAL	12,809	58,136	\$	14,045,171.28	\$	241.59	.380	\$	1096.51	\$	91.70
HOSP INPATIENT TOTAL	2,252	11,206		12,701,635.19		1133.47	.073		5640.16		82.93
HSC HOSPITALS	2,227	10,974		12,568,336.50		1145.28	.072		5643.62		82.06
NON-HSC HOSPITAL TOTAL	23	152		124,011.69		815.87	.001		5391.81		.81
ACCOMMODATIONS	23	152		60,677.09		399.19	.001		2638.13		.40
ADMINISTRATIVE DAYS	11	86		19,556.97		227.41	.001		1777.91		.13
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	66		41,120.12		623.03	.000		3426.68		.27
ANCILLARIES	23	0		63,334.60		.00	.000		2753.68		.41
INPATIENT CROSSOVERS	7	80		9,287.00		116.09	.001		1326.71		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11,698	46,930		1,343,536.09		28.63	.306		114.85		8.77
MEDICAL	2,069	2,984		142,272.80		47.68	.019		68.76		.93
SURGERY	556	793		41,005.83		51.71	.005		73.75		.27
PATHOLOGY	5,385	21,101		287,666.78		13.63	.138		53.42		1.88
RADIOLOGY	2,050	2,828		242,514.37		85.75	.018		118.30		1.58
ROOM USE	6,285	8,955		351,157.57		39.21	.058		55.87		2.29
CROSSOVERS/ALL OTH OUTPTNT	4,433	10,269		278,918.74		27.16	.067		62.92		1.82
@COUNTY HOSPITAL TOTAL	5,384	24,529	\$	6,301,208.84	\$	256.89	.160	\$	1170.36	\$	41.14
CO HOSPITAL INPATIENT TOTAL	1,231	5,406		5,694,943.75		1053.45	.035		4626.27		37.18
HSC HOSPITALS	1,228	5,350		5,679,713.30		1061.63	.035		4625.17		37.08
NON-HSC HOSPITALS TOTAL	6	56		15,230.45		271.97	.000		2538.41		.10
ACCOMMODATIONS	6	56		12,826.13		229.04	.000		2137.69		.08
ADMINISTRATIVE DAYS	6	56		12,826.13		229.04	.000		2137.69		.08
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	6	0		2,404.32		.00	.000		400.72		.02
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4,876	19,123		606,265.09		31.70	.125		124.34		3.96
MEDICAL	1,260	1,857		77,410.49		41.69	.012		61.44		.51
SURGERY	220	352		18,746.84		53.26	.002		85.21		.12
PATHOLOGY	2,004	8,205		111,038.71		13.53	.054		55.41		.72
RADIOLOGY	856	1,122		105,376.82		93.92	.007		123.10		.69
ROOM USE	2,559	3,943		155,349.53		39.40	.026		60.71		1.01
CROSSOVERS/ALL OTH OUTPTNT	2,110	3,644		138,342.70		37.96	.024		65.57		.90

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 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

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	153,160 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,811	33,607	\$	7,743,962.44	\$ 230.43	.219	\$ 991.42	\$ 50.56
COMM HOSP INPATIENT TOTAL	1,045	5,800		7,006,691.44	1208.05	.038	6704.97	45.75
HSC HOSPITALS	1,022	5,624		6,888,623.20	1224.86	.037	6740.34	44.98
NON-HSC HOSPITALS TOTAL	17	96		108,781.24	1133.14	.001	6398.90	.71
ACCOMMODATIONS	17	96		47,850.96	498.45	.001	2814.76	.31
ADMINISTRATIVE DAYS	5	30		6,730.84	224.36	.000	1346.17	.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	66		41,120.12	623.03	.000	3426.68	.27
ANCILLARIES	17	0		60,930.28	.00	.000	3584.13	.40
INPATIENT CROSSOVERS	7	80		9,287.00	116.09	.001	1326.71	.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	7,125	27,807		737,271.00		26.51	.182	103.48	4.81
MEDICAL	836	1,127		64,862.31		57.55	.007	77.59	.42
SURGERY	345	441		22,258.99		50.47	.003	64.52	.15
PATHOLOGY	3,474	12,896		176,628.07		13.70	.084	50.84	1.15
RADIOLOGY	1,222	1,706		137,137.55		80.39	.011	112.22	.90
ROOM USE	3,851	5,012		195,808.04		39.07	.033	50.85	1.28
CROSSOVERS/ALL OTH OUTPTNT	2,369	6,625		140,576.04		21.22	.043	59.34	.92
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	12	260	\$	133,506.82	\$	513.49	.002	\$ 11125.57	\$.87
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	3	69		41,209.33		597.24	.000	13736.44	.27
LEV B-SUBACUTE HSPTL BASED	6	154		83,266.99		540.69	.001	13877.83	.54
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	4	37		9,030.50		244.07	.000	2257.63	.06
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	36	321	\$	94,096.86	\$	293.14	.002	\$ 2613.80	\$.61
HOSPITAL BASED	18	111		84,568.17		761.88	.001	4698.23	.55
HEMODIALYSIS CENTER	18	210		9,528.69		45.37	.001	529.37	.06
@REHABILITATION FACILITY	96	786	\$	17,460.33	\$	22.21	.005	\$ 181.88	\$.11
HOSPITAL BASED	65	479		11,609.07		24.24	.003	178.60	.08
INDEPENDENT FACILITY	31	307		5,851.26		19.06	.002	188.75	.04
@LABORATORY FACILITY	1,819	5,731	\$	74,300.04	\$	12.96	.037	\$ 40.85	\$.49
PATHOLOGY	1,816	5,727		74,090.94		12.94	.037	40.80	.48
XO AND OTHERS	4	4		209.10		52.28	.000	52.28	.00
@ORGANIZED OUTPATIENT CLINIC	16,563	28,057	\$	1,851,326.25	\$	65.98	.183	\$ 111.77	\$ 12.09
CLINIC	1,211	5,872		148,088.45		25.22	.038	122.29	.97
SURGICENTER	14	70		2,840.16		40.57	.000	202.87	.02
HEROIN DETOX CLINIC	43	545		6,119.14		11.23	.004	142.31	.04
RURAL HEALTH CLINIC	15,314	21,570		1,694,278.50		78.55	.141	110.64	11.06

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	153,160 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17,928	73,847	\$	816,561.43	\$ 11.06	.482	\$ 45.55	\$ 5.33
DURABLE MED. EQUIP.	212	438		32,139.84	73.38	.003	151.60	.21
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	21		8,386.52	399.36	.000	838.65	.05
MEDICAL TRANSPORTATION	591	13,061		208,778.61	15.98	.085	353.26	1.36
AMBULANCES/AIR TRANS	565	8,984		136,989.98	15.25	.059	242.46	.89
OTHER TRANS	21	3,930		8,852.97	2.25	.026	421.57	.06
OTHER SERVICES	40	147		62,935.66	428.13	.001	1573.39	.41
ACUPUNCTURE	174	314		6,061.93	19.31	.002	34.84	.04
ADULT DAY HEALTH CARE CTR	2	34		2,272.35	66.83	.000	1136.18	.01
GENETIC DISEASE TESTING	1,547	1,556		132,276.75	85.01	.010	85.51	.86
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4,001	8,627		80,587.38	9.34	.056	20.14	.53
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.00
PROSTHETIST/ORTHOTISTS	73	152	15,397.41	101.30	.001	210.92	.10
PROSTHETICS	34	108	11,567.74	107.11	.001	340.23	.08
ORTHOTICS	44	44	3,829.67	87.04	.000	87.04	.03
PSYCHOLOGIST	1	2	76.02	38.01	.000	76.02	.00
SPEECH AND AUDIOLOGY	27	79	3,596.11	45.52	.001	133.19	.02
HOSPICE SERVICES	2	32	4,231.57	132.24	.000	2115.79	.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11,378	31,426	315,248.11	10.03	.205	27.71	2.06
EPSDT SUPPLEMENTAL SERVICE	3	3	810.00	270.00	.000	270.00	.01
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	55	18,100	6,638.57	.37	.118	120.70	.04
@CALIF. CHILDREN SERVICES*	2,158	79,683	\$ 7,356,726.61	\$ 92.32	.520	\$ 3409.05	\$ 48.03
@XOVER EXCLUDING STATE HOSP**	105	1,757	\$ 24,522.44	\$ 13.96	.011	\$ 233.55	\$.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC	

183,942 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	110,781	1,158,861	\$ 43,327,470.49	\$ 37.39	6.300	\$ 391.11	\$ 235.55
@PHYSICIANS SERVICES	22,767	79,193	\$ 4,450,326.24	\$ 56.20	.431	\$ 195.47	\$ 24.19
OUTPATIENT VISITS	12,551	23,898	811,341.93	33.95	.130	64.64	4.41
OFFICE VISITS	7,107	9,393	321,638.33	34.24	.051	45.26	1.75
HOME VISITS	9	12	530.02	44.17	.000	58.89	.00
EMERGENCY ROOM	3,196	3,672	193,620.00	52.73	.020	60.58	1.05
PREVENTIVE CARE	42	46	1,796.77	39.06	.000	42.78	.01
OB VISITS/COMPRE PERI	2,294	9,925	268,579.71	27.06	.054	117.08	1.46
OTHER OUTPATIENT	677	850	25,177.10	29.62	.005	37.19	.14
INPATIENT VISITS	2,460	11,479	1,017,546.30	88.64	.062	413.64	5.53
HOSPITAL VISITS	2,098	6,911	319,664.91	46.25	.038	152.37	1.74
CRITICAL CARE	474	4,413	691,462.99	156.69	.024	1458.78	3.76
SNF/ICF/TRANS IP CARE	48	155	6,418.40	41.41	.001	133.72	.03
OPHTHALMOLOGICAL SERVICES	436	493	24,039.09	48.76	.003	55.14	.13
EXAMINATIONS	432	489	23,962.09	49.00	.003	55.47	.13
SERVICES AND MATERIALS	4	4	77.00	19.25	.000	19.25	.00
INPATIENT HOSPITAL SURGERY	2,148	8,005	1,338,806.66	167.25	.044	623.28	7.28
PRINCIPAL SURGEON	1,671	2,093	1,139,919.80	544.63	.011	682.18	6.20
ASSISTANT SURGEON	257	262	50,940.11	194.43	.001	198.21	.28
ANESTHESIOLOGIST	581	5,650	147,946.75	26.19	.031	254.64	.80
OUTPATIENT SURGERY	2,167	4,270	381,238.78	89.28	.023	175.93	2.07
PRINCIPAL SURGEON	1,968	2,532	328,914.60	129.90	.014	167.13	1.79
ASSISTANT SURGEON	19	19	3,382.87	178.05	.000	178.05	.02
ANESTHESIOLOGIST	421	1,719	48,941.31	28.47	.009	116.25	.27
DIALYSIS	97	367	35,904.08	97.83	.002	370.15	.20
PATHOLOGY	2,306	5,020	65,347.78	13.02	.027	28.34	.36
RADIOLOGY	3,653	7,034	341,254.19	48.51	.038	93.42	1.86
PSYCHIATRY	2	4	269.66	67.42	.000	134.83	.00
IMMUNIZATION AND INJECTION	523	1,684	76,574.56	45.47	.009	146.41	.42
OTHER SERVICES/ALL X-OVERS	6,018	16,939	358,003.21	21.13	.092	59.49	1.95
@PHARMACY	33,874	187,415	\$ 7,053,809.88	\$ 37.64	1.019	\$ 208.24	\$ 38.35
PRESCRIPTION DRUGS	33,207	112,102	6,424,581.88	57.31	.609	193.47	34.93

SNF/ICF	529	3,631		194,445.10	53.55	.020	367.57	1.06	
OUTPATIENTS	32,728	108,471		6,230,136.78	57.44	.590	190.36	33.87	
MEDICAL SUPPLIES	2,593	75,313		629,228.00	8.35	.409	242.66	3.42	
@DENTIST	28,627	168,934	\$	5,488,452.66	\$ 32.49	.918	\$ 191.72	\$ 29.84	
VISITS - DIAGNOSTIC	20,982	110,348		1,449,546.89	13.14	.600	69.09	7.88	
ORAL SURGERY	4,826	10,042		543,895.20	54.16	.055	112.70	2.96	
DRUGS	525	617		12,856.75	20.84	.003	24.49	.07	
ANESTHESIA	212	220		19,675.00	89.43	.001	92.81	.11	
PERIODONTICS	1,495	1,680		216,310.00	128.76	.009	144.69	1.18	
ENDODONTICS	2,408	3,873		530,305.65	136.92	.021	220.23	2.88	
RESTORATIVE DENTISTRY	11,257	38,247		2,322,224.30	60.72	.208	206.29	12.62	
PROSTHETICS	132	147		3,510.00	23.88	.001	26.59	.02	
DENTURES, STAYPLATES	729	2,274		270,491.07	118.95	.012	371.04	1.47	
SPACE MAINTAINERS	173	217		24,252.37	111.76	.001	140.19	.13	
MAXILLOFACIAL SERVICES	87	99		15,327.61	154.82	.001	176.18	.08	
FRACTURES, DISLOCATIONS	2	2		700.00	350.00	.000	350.00	.00	
ORTHODONTIC SERVICES	840	1,029		78,701.42	76.48	.006	93.69	.43	
ALL OTHER SERVICES	103	139		656.40	4.72	.001	6.37	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 11,662
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						----- MONTHLY AVERAGE -----		
183,942 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,318	3,713	\$	81,467.44	\$ 21.94	.020	\$ 61.81	\$.44
DIAGNOSTIC AND ANC. PROCED	681	689		31,904.92	46.31	.004	46.85	.17
EYE APPLIANCES	1,008	2,953		47,548.62	16.10	.016	47.17	.26
OTHER OPTOMETRIC SERVICES	64	71		2,013.90	28.36	.000	31.47	.01
@CHIROPRACTOR	458	799	\$	13,018.77	\$ 16.29	.004	\$ 28.43	\$.07
VISITS	449	783		12,834.45	16.39	.004	28.58	.07
OTHER SERVICES	9	16		184.32	11.52	.000	20.48	.00
@PODIATRIST	419	631	\$	14,928.82	\$ 23.66	.003	\$ 35.63	\$.08

MEDICINE/INJECTIONS	107	117		3,325.03		28.42	.001	31.08	.02
SURGERY/ANES.	3	4		610.00		152.50	.000	203.33	.00
RADIO./PATHOLOGY	10	11		163.29		14.84	.000	16.33	.00
OTHER	311	499		10,830.50		21.70	.003	34.82	.06
@HOME HEALTH AGENCY	205	12,420	\$	375,562.44	\$	30.24	.068	\$ 1832.01	\$ 2.04
NURSE ANESTHESIST	22	28	\$	410.10	\$	14.65	.000	\$ 18.64	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	6	6	\$	197.27	\$	32.88	.000	\$ 32.88	\$.00
@TOTAL HOSPITAL	16,984	88,471	\$	19,209,064.47	\$	217.12	.481	\$ 1131.01	\$ 104.43
HOSP INPATIENT TOTAL	2,836	16,943		17,138,211.91		1011.52	.092	6043.09	93.17
HSC HOSPITALS	2,632	14,818		16,689,486.74		1126.30	.081	6340.99	90.73
NON-HSC HOSPITAL TOTAL	45	545		263,084.39		482.72	.003	5846.32	1.43
ACCOMMODATIONS	45	545		151,844.54		278.61	.003	3374.32	.83
ADMINISTRATIVE DAYS	32	474		108,049.91		227.95	.003	3376.56	.59
TRANSITIONAL IP CARE	0	0		75.51		.00	.000	.00	.00
ALL OTHER ACCOM	13	71		43,719.12		615.76	.000	3363.01	.24
ANCILLARIES	45	0		111,239.85		.00	.000	2472.00	.60
INPATIENT CROSSOVERS	177	1,580		185,640.78		117.49	.009	1048.82	1.01
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15,542	71,528		2,070,852.56		28.95	.389	133.24	11.26
MEDICAL	3,468	5,590		255,125.58		45.64	.030	73.57	1.39
SURGERY	758	1,213		64,808.80		53.43	.007	85.50	.35
PATHOLOGY	7,060	30,625		395,045.72		12.90	.166	55.96	2.15
RADIOLOGY	2,763	4,411		384,662.30		87.21	.024	139.22	2.09
ROOM USE	7,928	12,075		473,528.47		39.22	.066	59.73	2.57
CROSSOVERS/ALL OTH OUTPTNT	6,367	17,614		497,681.69		28.25	.096	78.17	2.71
@COUNTY HOSPITAL TOTAL	7,212	41,060	\$	9,189,283.51	\$	223.80	.223	\$ 1274.17	\$ 49.96
CO HOSPITAL INPATIENT TOTAL	1,480	8,293		8,169,023.68		985.05	.045	5519.61	44.41
HSC HOSPITALS	1,452	7,555		8,013,336.91		1060.67	.041	5518.83	43.56
NON-HSC HOSPITALS TOTAL	21	388		117,140.34		301.91	.002	5578.11	.64
ACCOMMODATIONS	21	388		88,338.12		227.68	.002	4206.58	.48
ADMINISTRATIVE DAYS	21	388		88,338.12		227.68	.002	4206.58	.48
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	21	0		28,802.22		.00	.000	1371.53	.16
INPATIENT CROSSOVERS	19	350		38,546.43		110.13	.002	2028.76	.21
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6,579	32,767		1,020,259.83		31.14	.178	155.08	5.55
MEDICAL	2,450	4,141		168,442.30		40.68	.023	68.75	.92
SURGERY	323	659		32,751.08		49.70	.004	101.40	.18
PATHOLOGY	2,951	13,456		171,723.54		12.76	.073	58.19	.93
RADIOLOGY	1,241	1,719		174,709.37		101.63	.009	140.78	.95
ROOM USE	3,795	6,259		242,774.00		38.79	.034	63.97	1.32
CROSSOVERS/ALL OTH OUTPTNT	2,742	6,533		229,859.54		35.18	.036	83.83	1.25

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	183,942 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10,363	47,411	\$	10,019,780.96	\$ 211.34	.258	\$ 966.88	\$ 54.47
COMM HOSP INPATIENT TOTAL	1,395	8,650		8,969,188.23	1036.90	.047	6429.53	48.76
HSC HOSPITALS	1,218	7,263		8,676,149.83	1194.57	.039	7123.28	47.17
NON-HSC HOSPITALS TOTAL	24	157		145,944.05	929.58	.001	6081.00	.79
ACCOMMODATIONS	24	157		63,506.42	404.50	.001	2646.10	.35

ADMINISTRATIVE DAYS	11	86		19,711.79	229.21	.000	1791.98	.11
TRANSITIONAL IP CARE	0	0		75.51	.00	.000	.00	.00
ALL OTHER ACCOM	13	71		43,719.12	615.76	.000	3363.01	.24
ANCILLARIES	24	0		82,437.63	.00	.000	3434.90	.45
INPATIENT CROSSOVERS	158	1,230		147,094.35	119.59	.007	930.98	.80
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9,439	38,761		1,050,592.73	27.10	.211	111.30	5.71
MEDICAL	1,068	1,449		86,683.28	59.82	.008	81.16	.47
SURGERY	449	554		32,057.72	57.87	.003	71.40	.17
PATHOLOGY	4,260	17,169		223,322.18	13.01	.093	52.42	1.21
RADIOLOGY	1,573	2,692		209,952.93	77.99	.015	133.47	1.14
ROOM USE	4,341	5,816		230,754.47	39.68	.032	53.16	1.25
CROSSOVERS/ALL OTH OUTPTNT	3,705	11,081		267,822.15	24.17	.060	72.29	1.46
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	584	12,837	\$	2,237,518.71	\$ 174.30	.070	\$ 3831.37	\$ 12.16
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	18	632		76,388.16	120.87	.003	4243.79	.42
LEV B-SUBACUTE FREESTANDING	3	69		41,209.33	597.24	.000	13736.44	.22
LEV B-SUBACUTE HSPTL BASED	31	1,113		614,574.63	552.18	.006	19824.99	3.34
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	539	11,023		1,505,346.59	136.56	.060	2792.85	8.18
@INTERMEDIATE CARE FACIL.-DD	12	387	\$	57,713.94	\$ 149.13	.002	\$ 4809.50	\$.31
ICF DDH	12	387		57,713.94	149.13	.002	4809.50	.31
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	303	1,941	\$	491,658.98	\$ 253.30	.011	\$ 1622.64	\$ 2.67
HOSPITAL BASED	66	545		324,936.58	596.21	.003	4923.28	1.77
HEMODIALYSIS CENTER	237	1,396		166,722.40	119.43	.008	703.47	.91
@REHABILITATION FACILITY	157	1,185	\$	25,758.99	\$ 21.74	.006	\$ 164.07	\$.14
HOSPITAL BASED	98	669		15,869.06	23.72	.004	161.93	.09
INDEPENDENT FACILITY	59	516		9,889.93	19.17	.003	167.63	.05
@LABORATORY FACILITY	2,259	8,784	\$	97,354.43	\$ 11.08	.048	\$ 43.10	\$.53
PATHOLOGY	2,128	8,430		93,654.71	11.11	.046	44.01	.51
XO AND OTHERS	132	354		3,699.72	10.45	.002	28.03	.02
@ORGANIZED OUTPATIENT CLINIC	17,356	30,076	\$	1,983,700.80	\$ 65.96	.164	\$ 114.29	\$ 10.78
CLINIC	1,265	6,290		156,968.11	24.96	.034	124.09	.85
SURGICENTER	89	624		42,200.07	67.63	.003	474.16	.23
HEROIN DETOX CLINIC	50	639		7,186.97	11.25	.003	143.74	.04
RURAL HEALTH CLINIC	15,980	22,523		1,777,345.65	78.91	.122	111.22	9.66
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				----- MONTHLY AVERAGE -----			
183,942 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21,704	562,041	\$ 1,746,526.55	\$ 3.11	3.056	\$ 80.47	\$ 9.49
DURABLE MED. EQUIP.	457	1,155	162,006.73	140.27	.006	354.50	.88
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	37	61	22,864.72	374.83	.000	617.97	.12
MEDICAL TRANSPORTATION	1,501	53,609	413,011.49	7.70	.291	275.16	2.25
AMBULANCES/AIR TRANS	789	11,059	180,185.59	16.29	.060	228.37	.98
OTHER TRANS	312	38,065	127,303.97	3.34	.207	408.03	.69
OTHER SERVICES	476	4,485	105,521.93	23.53	.024	221.68	.57
ACUPUNCTURE	234	451	8,423.26	18.68	.002	36.00	.05

ADULT DAY HEALTH CARE CTR	128	2,107	140,468.59	66.67	.011	1097.41	.76
GENETIC DISEASE TESTING	1,548	1,557	132,381.75	85.02	.008	85.52	.72
IHMC, MODEL-NF, NF, AIDS, MSSP	89	7,030	154,601.15	21.99	.038	1737.09	.84
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4,805	10,601	107,329.49	10.12	.058	22.34	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	14	28	340.78	12.17	.000	24.34	.00
PROSTHETIST/ORTHOTISTS	109	306	29,210.46	95.46	.002	267.99	.16
PROSTHETICS	69	261	25,346.29	97.11	.001	367.34	.14
ORTHOTICS	45	45	3,864.17	85.87	.000	85.87	.02
PSYCHOLOGIST	2	3	82.10	27.37	.000	41.05	.00
SPEECH AND AUDIOLOGY	150	360	22,767.12	63.24	.002	151.78	.12
HOSPICE SERVICES	21	504	61,648.10	122.32	.003	2935.62	.34
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11,546	33,231	334,792.43	10.07	.181	29.00	1.82
EPSDT SUPPLEMENTAL SERVICE	3	3	810.00	270.00	.000	270.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,587	451,035	155,788.38	.35	2.452	98.17	.85
@CALIF. CHILDREN SERVICES*	2,352	96,618	\$ 7,630,324.54	\$ 78.97	.525	\$ 3244.19	\$ 41.48
@XOVER EXCLUDING STATE HOSP**	5,409	45,114	\$ 918,490.17	\$ 20.36	.245	\$ 169.81	\$ 4.99

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

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601 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	759	26,536	\$ 854,717.96	\$ 32.21	44.153	\$ 1126.11	\$ 1422.16
@PHYSICIANS SERVICES	113	483	\$ 6,298.10	\$ 13.04	.804	\$ 55.74	\$ 10.48
OUTPATIENT VISITS	6	6	241.08	40.18	.010	40.18	.40
OFFICE VISITS	3	3	66.10	22.03	.005	22.03	.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	174.98	58.33	.005	58.33	.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	2	111.00	55.50	.003	111.00	.18
HOSPITAL VISITS	1	2	111.00	55.50	.003	111.00	.18
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.002	57.79	.10
EXAMINATIONS	1	1	57.79	57.79	.002	57.79	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	78.36	78.36	.002	78.36	.13
PRINCIPAL SURGEON	1	1	78.36	78.36	.002	78.36	.13
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	1	2	41.85	20.93	.003	41.85	.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	106	471	5,768.02	12.25	.784	54.42	9.60
@PHARMACY	469	3,707	\$ 228,370.60	\$ 61.61	6.168	\$ 486.93	\$ 379.98
PRESCRIPTION DRUGS	457	2,123	223,607.63	105.33	3.532	489.29	372.06
SNF/ICF	75	499	24,084.27	48.27	.830	321.12	40.07
OUTPATIENTS	384	1,624	199,523.36	122.86	2.702	519.59	331.99
MEDICAL SUPPLIES	47	1,584	4,762.97	3.01	2.636	101.34	7.93
@DENTIST	76	318	\$ 16,236.00	\$ 51.06	.529	\$ 213.63	\$ 27.01
VISITS - DIAGNOSTIC	41	149	836.00	5.61	.248	20.39	1.39
ORAL SURGERY	16	76	3,448.00	45.37	.126	215.50	5.74
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.002	100.00	.17
PERIODONTICS	2	2	130.00	65.00	.003	65.00	.22
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	14	34	2,584.00	76.00	.057	184.57	4.30
PROSTHETICS	2	3	.00	.00	.005	.00	.00
DENTURES, STAYPLATES	22	40	9,138.00	228.45	.067	415.36	15.20
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	13	.00	.00	.022	.00	.00
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601 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	12	33	\$ 553.66	\$ 16.78	.055	\$ 46.14	\$.92
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	11	32	543.40	16.98	.053	49.40	.90
OTHER OPTOMETRIC SERVICES	1	1	10.26	10.26	.002	10.26	.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	10	\$ 343.14	\$ 34.31	.017	\$ 57.19	\$.57
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	10	343.14	34.31	.017	57.19	.57
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	71	644	\$ 34,841.22	\$ 54.10	1.072	\$ 490.72	\$ 57.97
HOSP INPATIENT TOTAL	24	333	26,574.86	79.80	.554	1107.29	44.22
HSC HOSPITALS	2	6	4,712.57	785.43	.010	2356.29	7.84
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	22	327	21,862.29	66.86	.544	993.74	36.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	50	311	8,266.36	26.58	.517	165.33	13.75
MEDICAL	5	14	669.52	47.82	.023	133.90	1.11
SURGERY	2	1	14.70	14.70	.002	7.35	.02
PATHOLOGY	3	15	220.96	14.73	.025	73.65	.37
RADIOLOGY	1	0	22.97	.00	.000	22.97	.04
ROOM USE	4	3	161.41	53.80	.005	40.35	.27
CROSSOVERS/ALL OTH OUTPTNT	46	278	7,176.80	25.82	.463	156.02	11.94
@COUNTY HOSPITAL TOTAL	16	99	\$ 7,038.67	\$ 71.10	.165	\$ 439.92	\$ 11.71
CO HOSPITAL INPATIENT TOTAL	4	57	5,535.00	97.11	.095	1383.75	9.21
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	57	5,535.00	97.11	.095	1383.75	9.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12	42	1,503.67	35.80	.070	125.31	2.50
MEDICAL	4	11	535.79	48.71	.018	133.95	.89
SURGERY	1	1	21.40	21.40	.002	21.40	.04
PATHOLOGY	2	8	157.37	19.67	.013	78.69	.26
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	118.30	39.43	.005	39.43	.20
CROSSOVERS/ALL OTH OUTPTNT	8	19	670.81	35.31	.032	83.85	1.12

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,667
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

	601 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	55	545	\$	27,802.55	\$ 51.01	.907	\$ 505.50	\$ 46.26
COMM HOSP INPATIENT TOTAL	20	276		21,039.86	76.23	.459	1051.99	35.01
HSC HOSPITALS	2	6		4,712.57	785.43	.010	2356.29	7.84
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	18	270		16,327.29	60.47	.449	907.07	27.17
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	38	269		6,762.69	25.14	.448	177.97	11.25
MEDICAL	1	3		133.73	44.58	.005	133.73	.22
SURGERY	1	0		6.70CR	.00	.000	6.70CR	.01CR
PATHOLOGY	1	7		63.59	9.08	.012	63.59	.11
RADIOLOGY	1	0		22.97	.00	.000	22.97	.04
ROOM USE	1	0		43.11	.00	.000	43.11	.07
CROSSOVERS/ALL OTH OUTPTNT	38	259		6,505.99	25.12	.431	171.21	10.83
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	115	2,284	\$	341,546.74	\$ 149.54	3.800	\$ 2969.97	\$ 568.30
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	152		83,232.16	547.58	.253	27744.05	138.49
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	115	2,132		258,314.58	121.16	3.547	2246.21	429.81
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	19	29	\$	8,780.66	\$ 302.78	.048	\$ 462.14	\$ 14.61
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	19	29		8,780.66	302.78	.048	462.14	14.61
@REHABILITATION FACILITY	1	4	\$	127.55	\$ 31.89	.007	\$ 127.55	\$.21
HOSPITAL BASED	1	4		127.55	31.89	.007	127.55	.21
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	8	20	\$	203.14	\$ 10.16	.033	\$ 25.39	\$.34
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	8	20		203.14	10.16	.033	25.39	.34
@ORGANIZED OUTPATIENT CLINIC	5	15	\$	668.76	\$ 44.58	.025	\$ 133.75	\$ 1.11
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	15		668.76	44.58	.025	133.75	1.11

#CALIF DEPT OF HEALTH SERV MOP024 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

AID CODE

PAGE 11,668 01/17/03

	601 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	158	18,989	\$	216,748.39	\$ 11.41	31.596	\$ 1371.83	\$ 360.65
DURABLE MED. EQUIP.	9	13		578.00	44.46	.022	64.22	.96
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	2	4	1,849.36	462.34	.007	924.68	3.08
MEDICAL TRANSPORTATION	56	2,336	14,346.90	6.14	3.887	256.19	23.87
AMBULANCES/AIR TRANS	3	21	415.27	19.77	.035	138.42	.69
OTHER TRANS	37	2,107	12,603.01	5.98	3.506	340.62	20.97
OTHER SERVICES	17	208	1,328.62	6.39	.346	78.15	2.21
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	49	3,113.26	63.54	.082	778.32	5.18
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	12	8,242	182,091.46	22.09	13.714	15174.29	302.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	28	336.98	12.04	.047	28.08	.56
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	6.32	3.16	.003	6.32	.01
PROSTHETIST/ORTHOTISTS	1	1	4.37	4.37	.002	4.37	.01
PROSTHETICS	1	1	4.37	4.37	.002	4.37	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	12.16	6.08	.003	6.08	.02
SPEECH AND AUDIOLOGY	1	1	145.80	145.80	.002	145.80	.24
HOSPICE SERVICES	4	112	9,272.36	82.79	.186	2318.09	15.43
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76	8,199	4,991.42	.61	13.642	65.68	8.31
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	277	2,725	98,951.56	36.31	4.534	357.23	164.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,669
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND	

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19	107	\$ 5,459.97	\$ 51.03	11.889	\$ 287.37	\$ 606.66
@PHYSICIANS SERVICES	8	11	\$ 152.69	\$ 13.88	1.222	\$ 19.09	\$ 16.97
OUTPATIENT VISITS	1	1	68.35	68.35	.111	68.35	7.59
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.111	68.35	7.59
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	1	1		8.57		8.57	.111	8.57	.95
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	9		75.77		8.42	1.000	10.82	8.42
@PHARMACY	7	26	\$	2,061.17	\$	79.28	2.889	294.45	229.02
PRESCRIPTION DRUGS	7	26		2,061.17		79.28	2.889	294.45	229.02
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	7	26		2,061.17		79.28	2.889	294.45	229.02
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	4	9	\$	.00	\$	.00	1.000	.00	.00
VISITS - DIAGNOSTIC	2	6		.00		.00	.667	.00	.00
ORAL SURGERY	1	1		.00		.00	.111	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		.00		.00	.111	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00		.00	.111	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,670
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	3	15	\$ 288.38	\$ 19.23	1.667	\$ 96.13	\$ 32.04	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	15	288.38	19.23	1.667	96.13	32.04
MEDICAL	1	1	40.56	40.56	.111	40.56	4.51
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	11	148.52	13.50	1.222	74.26	16.50
RADIOLOGY	1	1	22.63	22.63	.111	22.63	2.51
ROOM USE	1	1	45.50	45.50	.111	45.50	5.06
CROSSOVERS/ALL OTH OUTPTNT	1	1	31.17	31.17	.111	31.17	3.46
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,671
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	15	\$ 288.38	\$ 19.23	1.667	\$ 96.13	\$ 32.04
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	15	288.38	19.23	1.667	96.13	32.04
MEDICAL	1	1	40.56	40.56	.111	40.56	4.51
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	11	148.52	13.50	1.222	74.26	16.50
RADIOLOGY	1	1	22.63	22.63	.111	22.63	2.51
ROOM USE	1	1	45.50	45.50	.111	45.50	5.06

CROSSOVERS/ALL OTH OUTPTNT	1	1		31.17	31.17	.111	31.17	3.46
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	5	\$	2,414.08	\$ 482.82	.556	\$ 603.52	\$ 268.23
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	5		2,414.08	482.82	.556	603.52	268.23
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,672
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	41	\$ 543.65	\$ 13.26	4.556	\$ 135.91	\$ 60.41
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	40	523.65	13.09	4.444	174.55	58.18
AMBULANCES/AIR TRANS	3	40	523.65	13.09	4.444	174.55	58.18
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	20.00	20.00	.111	20.00	2.22
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	8	15	\$ 2,530.20	\$ 168.68	1.667	\$ 316.28	\$ 281.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

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01/17/03

873 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,141	17,174	\$ 1,533,888.27	\$ 89.31	19.672	\$ 1344.34	\$ 1757.03
@PHYSICIANS SERVICES	391	2,249	\$ 107,694.01	\$ 47.89	2.576	\$ 275.43	\$ 123.36
OUTPATIENT VISITS	129	179	7,975.96	44.56	.205	61.83	9.14
OFFICE VISITS	64	84	2,507.71	29.85	.096	39.18	2.87
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	59	72	4,917.21	68.29	.082	83.34	5.63
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	16	23	551.04	23.96	.026	34.44	.63
INPATIENT VISITS	69	314	10,720.74	34.14	.360	155.37	12.28
HOSPITAL VISITS	69	310	10,283.84	33.17	.355	149.04	11.78
CRITICAL CARE	2	3	364.80	121.60	.003	182.40	.42
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.001	72.10	.08
OPHTHALMOLOGICAL SERVICES	5	5	182.89	36.58	.006	36.58	.21

EXAMINATIONS	5	5	182.89	36.58	.006	36.58	.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	45	316	27,566.17	87.23	.362	612.58	31.58
PRINCIPAL SURGEON	39	65	22,589.01	347.52	.074	579.21	25.88
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	251	4,977.16	19.83	.288	382.86	5.70
OUTPATIENT SURGERY	34	78	10,921.43	140.02	.089	321.22	12.51
PRINCIPAL SURGEON	32	57	9,976.81	175.03	.065	311.78	11.43
ASSISTANT SURGEON	2	2	464.64	232.32	.002	232.32	.53
ANESTHESIOLOGIST	4	19	479.98	25.26	.022	120.00	.55
DIALYSIS	10	43	2,138.15	49.72	.049	213.82	2.45
PATHOLOGY	32	90	2,652.84	29.48	.103	82.90	3.04
RADIOLOGY	101	332	28,128.73	84.73	.380	278.50	32.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	154	2,008.52	13.04	.176	502.13	2.30
OTHER SERVICES/ALL X-OVERS	221	738	15,398.58	20.87	.845	69.68	17.64
@PHARMACY	597	4,406	\$ 434,226.14	\$ 98.55	5.047	\$ 727.35	\$ 497.40
PRESCRIPTION DRUGS	581	3,184	424,045.62	133.18	3.647	729.85	485.73
SNF/ICF	19	225	10,803.54	48.02	.258	568.61	12.38
OUTPATIENTS	563	2,959	413,242.08	139.66	3.389	734.00	473.36
MEDICAL SUPPLIES	86	1,222	10,180.52	8.33	1.400	118.38	11.66
@DENTIST	109	510	\$ 15,467.60	\$ 30.33	.584	\$ 141.90	\$ 17.72
VISITS - DIAGNOSTIC	69	298	2,485.90	8.34	.341	36.03	2.85
ORAL SURGERY	15	22	476.70	21.67	.025	31.78	.55
DRUGS	1	1	.00	.00	.001	.00	.00
ANESTHESIA	1	1	.00	.00	.001	.00	.00
PERIODONTICS	6	6	855.00	142.50	.007	142.50	.98
ENDODONTICS	7	7	1,420.00	202.86	.008	202.86	1.63
RESTORATIVE DENTISTRY	32	114	6,710.00	58.86	.131	209.69	7.69
PROSTHETICS	2	2	.00	.00	.002	.00	.00
DENTURES, STAYPLATES	19	55	3,520.00	64.00	.063	185.26	4.03
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	.00	.00	.005	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 11,674
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W						

873 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	21	57	\$ 1,049.98	\$ 18.42	.065	\$ 50.00	\$ 1.20
DIAGNOSTIC AND ANC. PROCED	6	6	281.25	46.88	.007	46.88	.32
EYE APPLIANCES	17	49	768.47	15.68	.056	45.20	.88
OTHER OPTOMETRIC SERVICES	1	2	.26	.13	.002	.26	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.001	\$ 16.72	\$.02
VISITS	1	1	16.72	16.72	.001	16.72	.02
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	12	23	\$ 342.16	\$ 14.88	.026	\$ 28.51	\$.39
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	12	23	342.16	14.88	.026	28.51	.39
@HOME HEALTH AGENCY	10	63	\$ 4,365.04	\$ 69.29	.072	\$ 436.50	\$ 5.00
NURSE ANESTHESIST	0	0	140.10	.00	.000	.00	.16

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	381	4,792	\$	853,850.32	\$	178.18	5.489	\$	2241.08	\$	978.06
HOSP INPATIENT TOTAL	100	860		720,222.13		837.47	.985		7202.22		825.00
HSC HOSPITALS	89	712		686,121.39		963.65	.816		7709.23		785.94
NON-HSC HOSPITAL TOTAL	4	63		26,212.72		416.07	.072		6553.18		30.03
ACCOMMODATIONS	4	63		19,892.52		315.75	.072		4973.13		22.79
ADMINISTRATIVE DAYS	3	54		12,053.61		223.22	.062		4017.87		13.81
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	9		7,838.91		870.99	.010		7838.91		8.98
ANCILLARIES	4	0		6,320.20		.00	.000		1580.05		7.24
INPATIENT CROSSOVERS	9	85		7,888.02		92.80	.097		876.45		9.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	334	3,932		133,628.19		33.98	4.504		400.08		153.07
MEDICAL	149	350		16,128.75		46.08	.401		108.25		18.48
SURGERY	25	58		1,984.82		34.22	.066		79.39		2.27
PATHOLOGY	174	1,231		13,235.16		10.75	1.410		76.06		15.16
RADIOLOGY	113	511		42,268.02		82.72	.585		374.05		48.42
ROOM USE	183	484		17,213.56		35.57	.554		94.06		19.72
CROSSOVERS/ALL OTH OUTPTNT	182	1,298		42,797.88		32.97	1.487		235.15		49.02
@COUNTY HOSPITAL TOTAL	241	2,699	\$	596,243.59	\$	220.91	3.092	\$	2474.04	\$	682.98
CO HOSPITAL INPATIENT TOTAL	65	591		519,217.36		878.54	.677		7987.96		594.75
HSC HOSPITALS	63	530		500,017.89		943.43	.607		7936.79		572.76
NON-HSC HOSPITALS TOTAL	3	54		18,387.47		340.51	.062		6129.16		21.06
ACCOMMODATIONS	3	54		12,067.36		223.47	.062		4022.45		13.82
ADMINISTRATIVE DAYS	3	54		12,067.36		223.47	.062		4022.45		13.82
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	3	0		6,320.11		.00	.000		2106.70		7.24
INPATIENT CROSSOVERS	1	7		812.00		116.00	.008		812.00		.93
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	209	2,108		77,026.23		36.54	2.415		368.55		88.23
MEDICAL	133	326		15,351.58		47.09	.373		115.43		17.58
SURGERY	19	51		1,416.48		27.77	.058		74.55		1.62
PATHOLOGY	119	697		8,534.81		12.25	.798		71.72		9.78
RADIOLOGY	75	119		18,580.39		156.14	.136		247.74		21.28
ROOM USE	140	317		11,516.44		36.33	.363		82.26		13.19
CROSSOVERS/ALL OTH OUTPTNT	103	598		21,626.53		36.16	.685		209.97		24.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 11,675
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W										
873 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	171	2,093	\$	257,606.73	\$ 123.08	2.397	\$ 1506.47	\$	295.08		
COMM HOSP INPATIENT TOTAL	41	269		201,004.77	747.23	.308	4902.56		230.25		
HSC HOSPITALS	32	182		186,103.50	1022.55	.208	5815.73		213.18		
NON-HSC HOSPITALS TOTAL	1	9		7,825.25	869.47	.010	7825.25		8.96		
ACCOMMODATIONS	1	9		7,825.16	869.46	.010	7825.16		8.96		
ADMINISTRATIVE DAYS	0	0		13.75CR	.00	.000	.00		.02CR		
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00		
ALL OTHER ACCOM	1	9		7,838.91	870.99	.010	7838.91		8.98		
ANCILLARIES	1	0		.09	.00	.000	.09		.00		
INPATIENT CROSSOVERS	8	78		7,076.02	90.72	.089	884.50		8.11		
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00		

COMM HOSP OUTPATIENT TOTAL	146	1,824		56,601.96	31.03	2.089	387.68	64.84
MEDICAL	18	24		777.17	32.38	.027	43.18	.89
SURGERY	6	7		568.34	81.19	.008	94.72	.65
PATHOLOGY	62	534		4,700.35	8.80	.612	75.81	5.38
RADIOLOGY	41	392		23,687.63	60.43	.449	577.75	27.13
ROOM USE	58	167		5,697.12	34.11	.191	98.23	6.53
CROSSOVERS/ALL OTH OUTPTNT	87	700		21,171.35	30.24	.802	243.35	24.25
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	24	394	\$	43,367.68	\$ 110.07	.451	\$ 1806.99	\$ 49.68
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	3	61		7,262.73	119.06	.070	2420.91	8.32
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	21	333		36,104.95	108.42	.381	1719.28	41.36
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	45	285	\$	33,541.16	\$ 117.69	.326	\$ 745.36	\$ 38.42
HOSPITAL BASED	1	2		5,655.35	2827.68	.002	5655.35	6.48
HEMODIALYSIS CENTER	44	283		27,885.81	98.54	.324	633.77	31.94
@REHABILITATION FACILITY	4	80	\$	1,412.51	\$ 17.66	.092	\$ 353.13	\$ 1.62
HOSPITAL BASED	4	80		1,412.51	17.66	.092	353.13	1.62
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	49	\$	305.52	\$ 6.24	.056	\$ 33.95	\$.35
PATHOLOGY	5	43		269.08	6.26	.049	53.82	.31
XO AND OTHERS	4	6		36.44	6.07	.007	9.11	.04
@ORGANIZED OUTPATIENT CLINIC	30	47	\$	2,641.87	\$ 56.21	.054	\$ 88.06	\$ 3.03
CLINIC	2	10		257.81	25.78	.011	128.91	.30
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	28	37		2,384.06	64.43	.042	85.15	2.73

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,676
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

873 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	127	4,218	\$ 35,467.46	\$ 8.41	4.832	\$ 279.27	\$ 40.63
DURABLE MED. EQUIP.	22	108	7,689.28	71.20	.124	349.51	8.81
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	934.37	467.19	.002	934.37	1.07
MEDICAL TRANSPORTATION	49	2,407	15,737.50	6.54	2.757	321.17	18.03
AMBULANCES/AIR TRANS	18	357	4,886.27	13.69	.409	271.46	5.60
OTHER TRANS	18	1,932	7,883.75	4.08	2.213	437.99	9.03
OTHER SERVICES	14	118	2,967.48	25.15	.135	211.96	3.40
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	9	598.86	66.54	.010	598.86	.69
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	2	445.17	222.59	.002	445.17	.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	57	645.53	11.33	.065	29.34	.74
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	199.98	50.00	.005	99.99	.23
PROSTHETICS	2	4	199.98	50.00	.005	99.99	.23
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	55	7,363.90	133.89	.063	2454.63	8.44
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3	36.63	12.21	.003	36.63	.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32	1,571	1,816.24	1.16	1.800	56.76	2.08
@CALIF. CHILDREN SERVICES*	3	10	\$ 2,056.56	\$ 205.66	.011	\$ 685.52	\$ 2.36
@XOVER EXCLUDING STATE HOSP**	206	1,668	\$ 56,058.10	\$ 33.61	1.911	\$ 272.13	\$ 64.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,677
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37	

1,244 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,444	10,975	\$ 1,055,020.59	\$ 96.13	8.822	\$ 730.62	\$ 848.09
@PHYSICIANS SERVICES	610	2,822	\$ 144,496.62	\$ 51.20	2.268	\$ 236.88	\$ 116.15
OUTPATIENT VISITS	320	433	18,470.24	42.66	.348	57.72	14.85
OFFICE VISITS	128	174	5,169.18	29.71	.140	40.38	4.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	187	212	12,081.15	56.99	.170	64.61	9.71
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	35	912.60	26.07	.028	114.08	.73

OTHER OUTPATIENT	10	12		307.31	25.61	.010	30.73	.25
INPATIENT VISITS	69	282		14,021.90	49.72	.227	203.22	11.27
HOSPITAL VISITS	69	275		12,960.09	47.13	.221	187.83	10.42
CRITICAL CARE	3	7		1,061.81	151.69	.006	353.94	.85
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5		269.95	53.99	.004	53.99	.22
EXAMINATIONS	5	5		269.95	53.99	.004	53.99	.22
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	88	430		47,717.83	110.97	.346	542.25	38.36
PRINCIPAL SURGEON	59	83		39,022.07	470.15	.067	661.39	31.37
ASSISTANT SURGEON	7	7		941.52	134.50	.006	134.50	.76
ANESTHESIOLOGIST	36	340		7,754.24	22.81	.273	215.40	6.23
OUTPATIENT SURGERY	97	218		18,670.67	85.65	.175	192.48	15.01
PRINCIPAL SURGEON	85	107		16,539.74	154.58	.086	194.59	13.30
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	19	111		2,130.93	19.20	.089	112.15	1.71
DIALYSIS	2	10		616.40	61.64	.008	308.20	.50
PATHOLOGY	62	119		1,658.68	13.94	.096	26.75	1.33
RADIOLOGY	159	315		14,991.09	47.59	.253	94.28	12.05
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	591		19,106.52	32.33	.475	1123.91	15.36
OTHER SERVICES/ALL X-OVERS	124	419		8,973.34	21.42	.337	72.37	7.21
@PHARMACY	338	1,144	\$	65,747.47	\$ 57.47	.920	\$ 194.52	\$ 52.85
PRESCRIPTION DRUGS	332	1,001		64,647.18	64.58	.805	194.72	51.97
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	332	1,001		64,647.18	64.58	.805	194.72	51.97
MEDICAL SUPPLIES	25	143		1,100.29	7.69	.115	44.01	.88
@DENTIST	230	1,198	\$	31,505.16	\$ 26.30	.963	\$ 136.98	\$ 25.33
VISITS - DIAGNOSTIC	173	764		6,110.36	8.00	.614	35.32	4.91
ORAL SURGERY	27	64		1,079.00	16.86	.051	39.96	.87
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		.00	.00	.002	.00	.00
PERIODONTICS	19	24		2,640.00	110.00	.019	138.95	2.12
ENDODONTICS	10	15		1,643.80	109.59	.012	164.38	1.32
RESTORATIVE DENTISTRY	94	302		18,254.00	60.44	.243	194.19	14.67
PROSTHETICS	1	2		50.00	25.00	.002	50.00	.04
DENTURES, STAYPLATES	4	6		945.00	157.50	.005	236.25	.76
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	3		125.00	41.67	.002	125.00	.10
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2		658.00	329.00	.002	658.00	.53
ALL OTHER SERVICES	7	14		.00	.00	.011	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 11,678
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37							

	1,244 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	25	71	\$	1,684.47	\$ 23.72	.057	\$ 67.38	\$ 1.35
DIAGNOSTIC AND ANC. PROCED	17	18		736.29	40.91	.014	43.31	.59
EYE APPLIANCES	18	53		948.18	17.89	.043	52.68	.76
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	4	7	\$	282.42	\$ 40.35	.006	\$ 70.61	\$.23

MEDICINE/INJECTIONS	3	4		115.20	28.80	.003	38.40	.09
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1		17.30	17.30	.001	17.30	.01
OTHER	1	2		149.92	74.96	.002	149.92	.12
@HOME HEALTH AGENCY	4	21	\$	1,088.55	\$ 51.84	.017	\$ 272.14	\$.88
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	655	4,705	\$	774,700.78	\$ 164.65	3.782	\$ 1182.75	\$ 622.75
HOSP INPATIENT TOTAL	148	661		640,039.54	968.29	.531	4324.59	514.50
HSC HOSPITALS	144	647		629,914.99	973.59	.520	4374.41	506.36
NON-HSC HOSPITAL TOTAL	2	2		9,066.50	4533.25	.002	4533.25	7.29
ACCOMMODATIONS	2	2		1,480.81	740.41	.002	740.41	1.19
ADMINISTRATIVE DAYS	0	0		20.42CR	.00	.000	.00	.02CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	2		1,501.23	750.62	.002	750.62	1.21
ANCILLARIES	2	0		7,585.69	.00	.000	3792.85	6.10
INPATIENT CROSSOVERS	2	12		1,058.05	88.17	.010	529.03	.85
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	558	4,044		134,661.24	33.30	3.251	241.33	108.25
MEDICAL	222	378		14,768.45	39.07	.304	66.52	11.87
SURGERY	58	71		3,712.86	52.29	.057	64.01	2.98
PATHOLOGY	291	1,522		18,099.79	11.89	1.223	62.20	14.55
RADIOLOGY	193	380		35,973.11	94.67	.305	186.39	28.92
ROOM USE	374	615		23,758.72	38.63	.494	63.53	19.10
CROSSOVERS/ALL OTH OUTPTNT	274	1,078		38,348.31	35.57	.867	139.96	30.83
@COUNTY HOSPITAL TOTAL	335	2,375	\$	353,067.11	\$ 148.66	1.909	\$ 1053.93	\$ 283.82
CO HOSPITAL INPATIENT TOTAL	80	322		276,656.11	859.18	.259	3458.20	222.39
HSC HOSPITALS	80	322		276,656.11	859.18	.259	3458.20	222.39
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	290	2,053		76,411.00	37.22	1.650	263.49	61.42
MEDICAL	158	295		10,752.36	36.45	.237	68.05	8.64
SURGERY	38	49		3,005.38	61.33	.039	79.09	2.42
PATHOLOGY	152	675		9,290.42	13.76	.543	61.12	7.47
RADIOLOGY	86	141		20,868.43	148.00	.113	242.66	16.78
ROOM USE	199	386		15,598.14	40.41	.310	78.38	12.54
CROSSOVERS/ALL OTH OUTPTNT	136	507		16,896.27	33.33	.408	124.24	13.58

#CALIF DEPT OF HEALTH SERV MOP024 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 11,679

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	1,244 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	337	2,330	\$	421,633.67	\$ 180.96	1.873	\$ 1251.14	\$ 338.93
COMM HOSP INPATIENT TOTAL	68	339		363,383.43	1071.93	.273	5343.87	292.11
HSC HOSPITALS	64	325		353,258.88	1086.95	.261	5519.67	283.97
NON-HSC HOSPITALS TOTAL	2	2		9,066.50	4533.25	.002	4533.25	7.29
ACCOMMODATIONS	2	2		1,480.81	740.41	.002	740.41	1.19

ADMINISTRATIVE DAYS	0	0	20.42CR	.00	.000	.00	.02CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	2	1,501.23	750.62	.002	750.62	1.21
ANCILLARIES	2	0	7,585.69	.00	.000	3792.85	6.10
INPATIENT CROSSOVERS	2	12	1,058.05	88.17	.010	529.03	.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	282	1,991	58,250.24	29.26	1.600	206.56	46.82
MEDICAL	66	83	4,016.09	48.39	.067	60.85	3.23
SURGERY	20	22	707.48	32.16	.018	35.37	.57
PATHOLOGY	144	847	8,809.37	10.40	.681	61.18	7.08
RADIOLOGY	111	239	15,104.68	63.20	.192	136.08	12.14
ROOM USE	185	229	8,160.58	35.64	.184	44.11	6.56
CROSSOVERS/ALL OTH OUTPTNT	142	571	21,452.04	37.57	.459	151.07	17.24
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	18	7,981.98	443.44	.014	3990.99	6.42
HOSPITAL BASED	2	18	7,981.98	443.44	.014	3990.99	6.42
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	31	511.35	16.50	.025	102.27	.41
HOSPITAL BASED	5	31	511.35	16.50	.025	102.27	.41
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	37	193	2,091.84	10.84	.155	56.54	1.68
PATHOLOGY	34	181	1,935.60	10.69	.145	56.93	1.56
XO AND OTHERS	3	12	156.24	13.02	.010	52.08	.13
@ORGANIZED OUTPATIENT CLINIC	47	78	7,306.71	93.68	.063	155.46	5.87
CLINIC	6	13	579.20	44.55	.010	96.53	.47
SURGICENTER	2	10	836.21	83.62	.008	418.11	.67
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	39	55	5,891.30	107.11	.044	151.06	4.74

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,680
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

					----- MONTHLY AVERAGE -----			
1,244 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	74	687	\$ 17,623.24	\$ 25.65	.552	\$ 238.15	\$ 14.17	
DURABLE MED. EQUIP.	4	8	1,209.83	151.23	.006	302.46	.97	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	40	605	15,115.85	24.98	.486	377.90	12.15	
AMBULANCES/AIR TRANS	38	596	11,412.04	19.15	.479	300.32	9.17	
OTHER TRANS	1	2	18.95	9.48	.002	18.95	.02	
OTHER SERVICES	3	7	3,684.86	526.41	.006	1228.29	2.96	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	111.00	55.50	.002	55.50	.09
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	30	335.44	11.18	.024	30.49	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	.00	.00	.001	.00	.00
PROSTHETICS	1	1	.00	.00	.001	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	3	467.34	155.78	.002	467.34	.38
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	15	36	369.94	10.28	.029	24.66	.30
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	13.84	6.92	.002	13.84	.01
@CALIF. CHILDREN SERVICES*	42	1,209	\$ 184,828.32	\$ 152.88	.972	\$ 4400.67	\$ 148.58
@XOVER EXCLUDING STATE HOSP**	15	96	\$ 3,170.92	\$ 33.03	.077	\$ 211.39	\$ 2.55

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,681
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

	2,727 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,363	54,792	\$ 3,449,086.79	\$ 62.95	20.092	\$ 1025.60	\$ 1264.79	
@PHYSICIANS SERVICES	1,122	5,565	\$ 258,641.42	\$ 46.48	2.041	\$ 230.52	\$ 94.84	
OUTPATIENT VISITS	456	619	26,755.63	43.22	.227	58.67	9.81	
OFFICE VISITS	195	261	7,742.99	29.67	.096	39.71	2.84	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	250	288	17,241.69	59.87	.106	68.97	6.32	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	8	35	912.60	26.07	.013	114.08	.33	
OTHER OUTPATIENT	26	35	858.35	24.52	.013	33.01	.31	
INPATIENT VISITS	139	598	24,853.64	41.56	.219	178.80	9.11	
HOSPITAL VISITS	139	587	23,354.93	39.79	.215	168.02	8.56	
CRITICAL CARE	5	10	1,426.61	142.66	.004	285.32	.52	
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10	.03	
OPHTHALMOLOGICAL SERVICES	11	11	510.63	46.42	.004	46.42	.19	
EXAMINATIONS	11	11	510.63	46.42	.004	46.42	.19	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	133	746	75,284.00	100.92	.274	566.05	27.61	
PRINCIPAL SURGEON	98	148	61,611.08	416.29	.054	628.68	22.59	
ASSISTANT SURGEON	7	7	941.52	134.50	.003	134.50	.35	
ANESTHESIOLOGIST	49	591	12,731.40	21.54	.217	259.82	4.67	
OUTPATIENT SURGERY	132	297	29,670.46	99.90	.109	224.78	10.88	
PRINCIPAL SURGEON	118	165	26,594.91	161.18	.061	225.38	9.75	
ASSISTANT SURGEON	2	2	464.64	232.32	.001	232.32	.17	
ANESTHESIOLOGIST	23	130	2,610.91	20.08	.048	113.52	.96	
DIALYSIS	12	53	2,754.55	51.97	.019	229.55	1.01	
PATHOLOGY	94	209	4,311.52	20.63	.077	45.87	1.58	

RADIOLOGY	262	650		43,170.24	66.42	.238	164.77	15.83
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	21	745		21,115.04	28.34	.273	1005.48	7.74
OTHER SERVICES/ALL X-OVERS	458	1,637		30,215.71	18.46	.600	65.97	11.08
@PHARMACY	1,411	9,283	\$	730,405.38	\$ 78.68	3.404	\$ 517.65	\$ 267.84
PRESCRIPTION DRUGS	1,377	6,334		714,361.60	112.78	2.323	518.78	261.96
SNF/ICF	94	724		34,887.81	48.19	.265	371.15	12.79
OUTPATIENTS	1,286	5,610		679,473.79	121.12	2.057	528.36	249.17
MEDICAL SUPPLIES	158	2,949		16,043.78	5.44	1.081	101.54	5.88
@DENTIST	419	2,035	\$	63,208.76	\$ 31.06	.746	\$ 150.86	\$ 23.18
VISITS - DIAGNOSTIC	285	1,217		9,432.26	7.75	.446	33.10	3.46
ORAL SURGERY	59	163		5,003.70	30.70	.060	84.81	1.83
DRUGS	1	1		.00	.00	.000	.00	.00
ANESTHESIA	4	4		100.00	25.00	.001	25.00	.04
PERIODONTICS	27	32		3,625.00	113.28	.012	134.26	1.33
ENDODONTICS	17	22		3,063.80	139.26	.008	180.22	1.12
RESTORATIVE DENTISTRY	141	451		27,548.00	61.08	.165	195.38	10.10
PROSTHETICS	5	7		50.00	7.14	.003	10.00	.02
DENTURES, STAYPLATES	45	101		13,603.00	134.68	.037	302.29	4.99
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	3		125.00	41.67	.001	125.00	.05
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2		658.00	329.00	.001	658.00	.24
ALL OTHER SERVICES	13	32		.00	.00	.012	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 11,682
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC							

	2,727 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	58	161	\$	3,288.11	\$ 20.42	.059	\$ 56.69	\$ 1.21
DIAGNOSTIC AND ANC. PROCED	23	24		1,017.54	42.40	.009	44.24	.37

EYE APPLIANCES	46	134		2,260.05	16.87	.049	49.13	.83
OTHER OPTOMETRIC SERVICES	2	3		10.52	3.51	.001	5.26	.00
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.000	\$ 16.72	\$.01
VISITS	1	1		16.72	16.72	.000	16.72	.01
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	22	40	\$	967.72	\$ 24.19	.015	\$ 43.99	\$.35
MEDICINE/INJECTIONS	3	4		115.20	28.80	.001	38.40	.04
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1		17.30	17.30	.000	17.30	.01
OTHER	19	35		835.22	23.86	.013	43.96	.31
@HOME HEALTH AGENCY	14	84	\$	5,453.59	\$ 64.92	.031	\$ 389.54	\$ 2.00
NURSE ANESTHESIST	0	0	\$	140.10	\$.00	.000	\$.00	\$.05
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,110	10,156	\$	1,663,680.70	\$ 163.81	3.724	\$ 1498.81	\$ 610.08
HOSP INPATIENT TOTAL	272	1,854		1,386,836.53	748.02	.680	5098.66	508.56
HSC HOSPITALS	235	1,365		1,320,748.95	967.58	.501	5620.21	484.32
NON-HSC HOSPITAL TOTAL	6	65		35,279.22	542.76	.024	5879.87	12.94
ACCOMMODATIONS	6	65		21,373.33	328.82	.024	3562.22	7.84
ADMINISTRATIVE DAYS	3	54		12,033.19	222.84	.020	4011.06	4.41
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	11		9,340.14	849.10	.004	3113.38	3.43
ANCILLARIES	6	0		13,905.89	.00	.000	2317.65	5.10
INPATIENT CROSSOVERS	33	424		30,808.36	72.66	.155	933.59	11.30
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	945	8,302		276,844.17	33.35	3.044	292.96	101.52
MEDICAL	377	743		31,607.28	42.54	.272	83.84	11.59
SURGERY	85	130		5,712.38	43.94	.048	67.20	2.09
PATHOLOGY	470	2,779		31,704.43	11.41	1.019	67.46	11.63
RADIOLOGY	308	892		78,286.73	87.77	.327	254.18	28.71
ROOM USE	562	1,103		41,179.19	37.33	.404	73.27	15.10
CROSSOVERS/ALL OTH OUTPTNT	503	2,655		88,354.16	33.28	.974	175.65	32.40
@COUNTY HOSPITAL TOTAL	592	5,173	\$	956,349.37	\$ 184.87	1.897	\$ 1615.46	\$ 350.70
CO HOSPITAL INPATIENT TOTAL	149	970		801,408.47	826.19	.356	5378.58	293.88
HSC HOSPITALS	143	852		776,674.00	911.59	.312	5431.29	284.81
NON-HSC HOSPITALS TOTAL	3	54		18,387.47	340.51	.020	6129.16	6.74
ACCOMMODATIONS	3	54		12,067.36	223.47	.020	4022.45	4.43
ADMINISTRATIVE DAYS	3	54		12,067.36	223.47	.020	4022.45	4.43
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	3	0		6,320.11	.00	.000	2106.70	2.32
INPATIENT CROSSOVERS	5	64		6,347.00	99.17	.023	1269.40	2.33
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	511	4,203		154,940.90	36.86	1.541	303.21	56.82
MEDICAL	295	632		26,639.73	42.15	.232	90.30	9.77
SURGERY	58	101		4,443.26	43.99	.037	76.61	1.63
PATHOLOGY	273	1,380		17,982.60	13.03	.506	65.87	6.59
RADIOLOGY	161	260		39,448.82	151.73	.095	245.02	14.47
ROOM USE	342	706		27,232.88	38.57	.259	79.63	9.99
CROSSOVERS/ALL OTH OUTPTNT	247	1,124		39,193.61	34.87	.412	158.68	14.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 11,683
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	566	4,983	\$	707,331.33	\$ 141.95	1.827	\$ 1249.70	\$ 259.38
COMM HOSP INPATIENT TOTAL	129	884		585,428.06	662.25	.324	4538.20	214.68
HSC HOSPITALS	98	513		544,074.95	1060.57	.188	5551.79	199.51
NON-HSC HOSPITALS TOTAL	3	11		16,891.75	1535.61	.004	5630.58	6.19
ACCOMMODATIONS	3	11		9,305.97	846.00	.004	3101.99	3.41
ADMINISTRATIVE DAYS	0	0		34.17CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	11		9,340.14	849.10	.004	3113.38	3.43
ANCILLARIES	3	0		7,585.78	.00	.000	2528.59	2.78
INPATIENT CROSSOVERS	28	360		24,461.36	67.95	.132	873.62	8.97
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	469	4,099		121,903.27	29.74	1.503	259.92	44.70
MEDICAL	86	111		4,967.55	44.75	.041	57.76	1.82
SURGERY	27	29		1,269.12	43.76	.011	47.00	.47
PATHOLOGY	209	1,399		13,721.83	9.81	.513	65.65	5.03
RADIOLOGY	154	632		38,837.91	61.45	.232	252.19	14.24
ROOM USE	245	397		13,946.31	35.13	.146	56.92	5.11
CROSSOVERS/ALL OTH OUTPTNT	268	1,531		49,160.55	32.11	.561	183.43	18.03
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	139	2,678	\$	384,914.42	\$ 143.73	.982	\$ 2769.17	\$ 141.15
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	3	61		7,262.73	119.06	.022	2420.91	2.66
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	152		83,232.16	547.58	.056	27744.05	30.52
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	136	2,465		294,419.53	119.44	.904	2164.85	107.96
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	70	337	\$	52,717.88	\$ 156.43	.124	\$ 753.11	\$ 19.33
HOSPITAL BASED	3	20		13,637.33	681.87	.007	4545.78	5.00
HEMODIALYSIS CENTER	67	317		39,080.55	123.28	.116	583.29	14.33
@REHABILITATION FACILITY	10	115	\$	2,051.41	\$ 17.84	.042	\$ 205.14	\$.75
HOSPITAL BASED	10	115		2,051.41	17.84	.042	205.14	.75
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	54	262	\$	2,600.50	\$ 9.93	.096	\$ 48.16	\$.95
PATHOLOGY	39	224		2,204.68	9.84	.082	56.53	.81
XO AND OTHERS	15	38		395.82	10.42	.014	26.39	.15
@ORGANIZED OUTPATIENT CLINIC	82	140	\$	10,617.34	\$ 75.84	.051	\$ 129.48	\$ 3.89
CLINIC	8	23		837.01	36.39	.008	104.63	.31
SURGICENTER	2	10		836.21	83.62	.004	418.11	.31
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	72	107		8,944.12	83.59	.039	124.22	3.28
#CALIF DEPT OF HEALTH SERV								
MOP024								
SAN JOAQUIN COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

	2,727 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	363		23,935	\$ 270,382.74	\$ 11.30	8.777	\$ 744.86	\$ 99.15
DURABLE MED. EQUIP.	35		129	9,477.11	73.47	.047	270.77	3.48
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	3	6	2,783.73	463.96	.002	927.91	1.02
MEDICAL TRANSPORTATION	148	5,388	45,723.90	8.49	1.976	308.95	16.77
AMBULANCES/AIR TRANS	62	1,014	17,237.23	17.00	.372	278.02	6.32
OTHER TRANS	56	4,041	20,505.71	5.07	1.482	366.17	7.52
OTHER SERVICES	34	333	7,980.96	23.97	.122	234.73	2.93
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	58	3,712.12	64.00	.021	742.42	1.36
GENETIC DISEASE TESTING	2	2	111.00	55.50	.001	55.50	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	13	8,244	182,536.63	22.14	3.023	14041.28	66.94
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	45	115	1,317.95	11.46	.042	29.29	.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	6.32	3.16	.001	6.32	.00
PROSTHETIST/ORTHOTISTS	4	6	204.35	34.06	.002	51.09	.07
PROSTHETICS	4	6	204.35	34.06	.002	51.09	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	12.16	6.08	.001	6.08	.00
SPEECH AND AUDIOLOGY	1	1	145.80	145.80	.000	145.80	.05
HOSPICE SERVICES	8	170	17,103.60	100.61	.062	2137.95	6.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	16	39	406.57	10.42	.014	25.41	.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	110	9,773	6,841.50	.70	3.584	62.20	2.51
@CALIF. CHILDREN SERVICES*	45	1,219	\$ 186,884.88	\$ 153.31	.447	\$ 4153.00	\$ 68.53
@XOVER EXCLUDING STATE HOSP**	506	4,504	\$ 160,710.78	\$ 35.68	1.652	\$ 317.61	\$ 58.93

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,685
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

16,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15,799	920,752	\$ 47,633,703.73	\$ 51.73	57.034	\$ 3014.98	\$ 2950.55
@PHYSICIANS SERVICES	1,676	3,990	\$ 66,743.63	\$ 16.73	.247	\$ 39.82	\$ 4.13
OUTPATIENT VISITS	23	29	1,345.03	46.38	.002	58.48	.08
OFFICE VISITS	11	12	375.64	31.30	.001	34.15	.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	13	17	969.39	57.02	.001	74.57	.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	109	341	16,392.86	48.07	.021	150.39	1.02
HOSPITAL VISITS	23	90	3,446.80	38.30	.006	149.86	.21
CRITICAL CARE	4	37	4,467.60	120.75	.002	1116.90	.28
SNF/ICF/TRANS IP CARE	88	214	8,478.46	39.62	.013	96.35	.53
OPHTHALMOLOGICAL SERVICES	5	5	146.44	29.29	.000	29.29	.01
EXAMINATIONS	5	5	146.44	29.29	.000	29.29	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	69	3,979.25	57.67	.004	397.93	.25
PRINCIPAL SURGEON	7	16	2,857.05	178.57	.001	408.15	.18
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	53	1,122.20	21.17	.003	224.44	.07

OUTPATIENT SURGERY	10	33		1,460.41	44.25	.002	146.04	.09
PRINCIPAL SURGEON	6	8		882.34	110.29	.000	147.06	.05
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	25		578.07	23.12	.002	144.52	.04
DIALYSIS	2	9		377.40	41.93	.001	188.70	.02
PATHOLOGY	9	39		329.77	8.46	.002	36.64	.02
RADIOLOGY	27	142		1,954.73	13.77	.009	72.40	.12
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		6.05	6.05	.000	6.05	.00
OTHER SERVICES/ALL X-OVERS	1,553	3,322		40,751.69	12.27	.206	26.24	2.52
@PHARMACY	12,714	244,415	\$	3,875,905.10	\$ 15.86	15.140	\$ 304.85	\$ 240.08
PRESCRIPTION DRUGS	12,581	79,747		3,775,499.02	47.34	4.940	300.10	233.86
SNF/ICF	12,134	76,843		3,690,435.23	48.03	4.760	304.14	228.59
OUTPATIENTS	581	2,904		85,063.79	29.29	.180	146.41	5.27
MEDICAL SUPPLIES	1,134	164,668		100,406.08	.61	10.200	88.54	6.22
@DENTIST	1,217	2,613	\$	131,869.00	\$ 50.47	.162	\$ 108.36	\$ 8.17
VISITS - DIAGNOSTIC	1,041	1,894		39,272.00	20.73	.117	37.73	2.43
ORAL SURGERY	23	126		5,620.00	44.60	.008	244.35	.35
DRUGS	1	1		15.00	15.00	.000	15.00	.00
ANESTHESIA	2	2		200.00	100.00	.000	100.00	.01
PERIODONTICS	20	21		1,625.00	77.38	.001	81.25	.10
ENDODONTICS	1	1		71.00	71.00	.000	71.00	.00
RESTORATIVE DENTISTRY	26	48		2,876.00	59.92	.003	110.62	.18
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	254	450		80,215.00	178.26	.028	315.81	4.97
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		300.00	300.00	.000	300.00	.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	42	69		1,675.00	24.28	.004	39.88	.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 11,686
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED							

16,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE				
				----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	210	567	\$ 10,149.01	\$ 17.90	.035	\$ 48.33	\$.63	
DIAGNOSTIC AND ANC. PROCED	18	18	807.45	44.86	.001	44.86	.05	
EYE APPLIANCES	194	541	9,303.44	17.20	.034	47.96	.58	
OTHER OPTOMETRIC SERVICES	6	8	38.12	4.77	.000	6.35	.00	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	1,215	1,594	\$ 9,430.38	\$ 5.92	.099	\$ 7.76	\$.58	
MEDICINE/INJECTIONS	4	4	94.80	23.70	.000	23.70	.01	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	1,211	1,590	9,335.58	5.87	.098	7.71	.58	
@HOME HEALTH AGENCY	1	2	\$ 140.20	\$ 70.10	.000	\$ 140.20	\$.01	
NURSE ANESTHESIST	4	22	\$ 105.43	\$ 4.79	.001	\$ 26.36	\$.01	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	2	2	\$ 16.00	\$ 8.00	.000	\$ 8.00	\$.00	
@TOTAL HOSPITAL	527	2,815	\$ 303,951.63	\$ 107.98	.174	\$ 576.76	\$ 18.83	
HOSP INPATIENT TOTAL	141	1,530	277,427.89	181.33	.095	1967.57	17.18	
HSC HOSPITALS	12	120	112,915.44	940.96	.007	9409.62	6.99	

NON-HSC HOSPITAL TOTAL	5	149	63,467.51	425.96	.009	12693.50	3.93
ACCOMMODATIONS	5	149	35,089.32	235.50	.009	7017.86	2.17
ADMINISTRATIVE DAYS	4	132	30,500.82	231.07	.008	7625.21	1.89
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	17	4,588.50	269.91	.001	4588.50	.28
ANCILLARIES	5	0	28,378.19	.00	.000	5675.64	1.76
INPATIENT CROSSOVERS	126	1,261	101,044.94	80.13	.078	801.94	6.26
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	441	1,285	26,523.74	20.64	.080	60.14	1.64
MEDICAL	5	8	316.53	39.57	.000	63.31	.02
SURGERY	2	2	94.30	47.15	.000	47.15	.01
PATHOLOGY	66	255	2,751.74	10.79	.016	41.69	.17
RADIOLOGY	12	18	1,246.27	69.24	.001	103.86	.08
ROOM USE	14	29	1,515.45	52.26	.002	108.25	.09
CROSSOVERS/ALL OTH OUTPTNT	381	973	20,599.45	21.17	.060	54.07	1.28
@COUNTY HOSPITAL TOTAL	25	247	\$ 104,871.47	\$ 424.58	.015	\$ 4194.86	\$ 6.50
CO HOSPITAL INPATIENT TOTAL	12	200	103,672.88	518.36	.012	8639.41	6.42
HSC HOSPITALS	7	68	71,264.00	1048.00	.004	10180.57	4.41
NON-HSC HOSPITALS TOTAL	3	111	30,703.90	276.61	.007	10234.63	1.90
ACCOMMODATIONS	3	111	25,674.30	231.30	.007	8558.10	1.59
ADMINISTRATIVE DAYS	3	111	25,674.30	231.30	.007	8558.10	1.59
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	3	0	5,029.60	.00	.000	1676.53	.31
INPATIENT CROSSOVERS	3	21	1,704.98	81.19	.001	568.33	.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	16	47	1,198.59	25.50	.003	74.91	.07
MEDICAL	2	2	137.34	68.67	.000	68.67	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	11	148.45	13.50	.001	49.48	.01
RADIOLOGY	5	7	564.49	80.64	.000	112.90	.03
ROOM USE	4	4	185.94	46.49	.000	46.49	.01

CROSSOVERS/ALL OTH OUTPTNT	12	23	162.37	7.06	.001	13.53	.01
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		
						----- MONTHLY AVERAGE -----	
16,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	510	2,568	\$ 199,080.16	\$ 77.52	.159	\$ 390.35	\$ 12.33
COMM HOSP INPATIENT TOTAL	130	1,330	173,755.01	130.64	.082	1336.58	10.76
HSC HOSPITALS	6	52	41,651.44	800.99	.003	6941.91	2.58
NON-HSC HOSPITALS TOTAL	2	38	32,763.61	862.20	.002	16381.81	2.03
ACCOMMODATIONS	2	38	9,415.02	247.76	.002	4707.51	.58
ADMINISTRATIVE DAYS	1	21	4,826.52	229.83	.001	4826.52	.30
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	17	4,588.50	269.91	.001	4588.50	.28
ANCILLARIES	2	0	23,348.59	.00	.000	11674.30	1.45
INPATIENT CROSSOVERS	123	1,240	99,339.96	80.11	.077	807.64	6.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	430	1,238	25,325.15	20.46	.077	58.90	1.57
MEDICAL	3	6	179.19	29.87	.000	59.73	.01
SURGERY	2	2	94.30	47.15	.000	47.15	.01
PATHOLOGY	64	244	2,603.29	10.67	.015	40.68	.16
RADIOLOGY	7	11	681.78	61.98	.001	97.40	.04
ROOM USE	11	25	1,329.51	53.18	.002	120.86	.08
CROSSOVERS/ALL OTH OUTPTNT	369	950	20,437.08	21.51	.059	55.39	1.27
@STATE HOSPITAL	2	0	\$ 3,651.95	\$.00	.000	\$ 1825.98	\$.23
MENTALLY ILL	2	0	3,651.95	.00	.000	1825.98	.23
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	14,253	434,542	\$ 42,138,307.38	\$ 96.97	26.917	\$ 2956.45	\$ 2610.15
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	67	2,108	223,734.59	106.14	.131	3339.32	13.86
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	77	2,762	1,453,435.18	526.23	.171	18875.78	90.03
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	14,135	429,672	40,461,137.61	94.17	26.615	2862.48	2506.26
@INTERMEDIATE CARE FACIL.-DD	56	1,664	\$ 231,524.39	\$ 139.14	.103	\$ 4134.36	\$ 14.34
ICF DDH	36	1,054	140,244.44	133.06	.065	3895.68	8.69
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	20	610	91,279.95	149.64	.038	4564.00	5.65
@HEMODIALYSIS TOTAL	98	154	\$ 56,632.57	\$ 367.74	.010	\$ 577.88	\$ 3.51
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	98	154	56,632.57	367.74	.010	577.88	3.51
@REHABILITATION FACILITY	8	56	\$ 916.10	\$ 16.36	.003	\$ 114.51	\$.06
HOSPITAL BASED	8	56	916.10	16.36	.003	114.51	.06
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	40	95	\$ 711.45	\$ 7.49	.006	\$ 17.79	\$.04
PATHOLOGY	2	11	211.44	19.22	.001	105.72	.01
XO AND OTHERS	38	84	500.01	5.95	.005	13.16	.03
@ORGANIZED OUTPATIENT CLINIC	7	11	\$ 566.39	\$ 51.49	.001	\$ 80.91	\$.04
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	2	284.79	142.40	.000	142.40	.02
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	9	281.60	31.29	.001	56.32	.02
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16,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,894	228,210	\$ 803,083.12	\$ 3.52	14.136	\$ 277.50	\$ 49.74
DURABLE MED. EQUIP.	308	2,806	215,757.88	76.89	.174	700.51	13.36
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	22	24	4,160.61	173.36	.001	189.12	.26
MEDICAL TRANSPORTATION	1,571	28,240	169,637.54	6.01	1.749	107.98	10.51
AMBULANCES/AIR TRANS	135	1,280	18,076.17	14.12	.079	133.90	1.12
OTHER TRANS	957	21,942	108,568.85	4.95	1.359	113.45	6.73
OTHER SERVICES	588	5,018	42,992.52	8.57	.311	73.12	2.66
ACUPUNCTURE	9	27	397.40	14.72	.002	44.16	.02
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	203	431	5,758.06	13.36	.027	28.36	.36
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.00
PORTABLE X-RAY	49	105	925.99	8.82	.007	18.90	.06
PROSTHETIST/ORTHOTISTS	8	19	398.03	20.95	.001	49.75	.02
PROSTHETICS	8	19	398.03	20.95	.001	49.75	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	6	6	49.69	8.28	.000	8.28	.00
SPEECH AND AUDIOLOGY	361	764	46,109.02	60.35	.047	127.73	2.86
HOSPICE SERVICES	120	3,649	297,419.83	81.51	.226	2478.50	18.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	560	192,138	62,434.23	.32	11.902	111.49	3.87
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4,973	295,118	\$ 1,220,835.78	\$ 4.14	18.280	\$ 245.49	\$ 75.62

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND

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12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7	297	\$ 110,919.75	\$ 373.47	24.750	\$ 15845.68	\$ 9243.31
@PHYSICIANS SERVICES	2	2	\$ 15.29	\$ 7.65	.167	\$ 7.65	\$ 1.27
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00							
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00							
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00							
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00							
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00							
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00							
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00							
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00							
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00							
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00							
DIALYSIS	0	0		.00	.00	.000	.00	.00							
PATHOLOGY	0	0		.00	.00	.000	.00	.00							
RADIOLOGY	0	0		.00	.00	.000	.00	.00							
PSYCHIATRY	0	0		.00	.00	.000	.00	.00							
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00							
OTHER SERVICES/ALL X-OVERS	2	2		15.29	7.65	.167	7.65	1.27							
@PHARMACY	1	1	\$	157.70	\$ 157.70	.083	\$ 157.70	\$ 13.14							
PRESCRIPTION DRUGS	1	1		157.70	157.70	.083	157.70	13.14							
SNF/ICF	1	1		157.70	157.70	.083	157.70	13.14							
OUTPATIENTS	0	0		.00	.00	.000	.00	.00							
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00							
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00						
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00							
ORAL SURGERY	0	0		.00	.00	.000	.00	.00							
DRUGS	0	0		.00	.00	.000	.00	.00							
ANESTHESIA	0	0		.00	.00	.000	.00	.00							
PERIODONTICS	0	0		.00	.00	.000	.00	.00							
ENDODONTICS	0	0		.00	.00	.000	.00	.00							
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00							
PROSTHETICS	0	0		.00	.00	.000	.00	.00							
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00							
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00							
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00							
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00							
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00							
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00							
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND														
AID CODE															
----- MONTHLY AVERAGE -----															
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER								
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE								
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00							
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00								
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00								
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00								
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00							
VISITS	0	0	.00	.00	.000	.00	.00								
OTHER SERVICES	0	0	.00	.00	.000	.00	.00								
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00							
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00								
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00								
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00								
OTHER	0	0	.00	.00	.000	.00	.00								
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00							
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00							

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	8	\$	265.67	\$	33.21	.667	\$	88.56	\$	22.14
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	8		265.67		33.21	.667		88.56		22.14
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	8		265.67		33.21	.667		88.56		22.14
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	8	\$ 265.67	\$ 33.21	.667	\$ 88.56	\$ 22.14
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	3	8		265.67	33.21	.667	88.56	22.14
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	3	8		265.67	33.21	.667	88.56	22.14
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	229	\$	110,200.34	\$	481.22	19.083	\$ 22040.07
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	229		110,094.90	480.76	19.083	22018.98	9174.58
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	0		105.44	.00	.000	105.44	8.79
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,692
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	57	\$ 280.75	\$ 4.93	4.750	\$ 93.58	\$ 23.40
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	57	280.75	4.93	4.750	93.58	23.40
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	57	280.75	4.93	4.750	93.58	23.40
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	67	\$ 667.15	\$ 9.96	5.583	\$ 166.79	\$ 55.60

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,693
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED	AID CODE

3,100 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,151	520,521	\$ 16,764,192.41	\$ 32.21	167.910	\$ 5320.28	\$ 5407.80
@PHYSICIANS SERVICES	816	3,311	\$ 111,424.77	\$ 33.65	1.068	\$ 136.55	\$ 35.94
OUTPATIENT VISITS	57	66	3,297.98	49.97	.021	57.86	1.06
OFFICE VISITS	19	23	842.80	36.64	.007	44.36	.27
HOME VISITS	6	6	221.40	36.90	.002	36.90	.07
EMERGENCY ROOM	33	37	2,233.78	60.37	.012	67.69	.72
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	307	1,535		61,762.25	40.24	.495	201.18	19.92
HOSPITAL VISITS	59	666		26,130.54	39.24	.215	442.89	8.43
CRITICAL CARE	7	17		1,632.10	96.01	.005	233.16	.53
SNF/ICF/TRANS IP CARE	268	852		33,999.61	39.91	.275	126.86	10.97
OPHTHALMOLOGICAL SERVICES	6	6		291.25	48.54	.002	48.54	.09
EXAMINATIONS	6	6		291.25	48.54	.002	48.54	.09
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	39	314		17,530.87	55.83	.101	449.51	5.66
PRINCIPAL SURGEON	27	58		12,790.59	220.53	.019	473.73	4.13
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	16	256		4,740.28	18.52	.083	296.27	1.53
OUTPATIENT SURGERY	47	95		6,320.53	66.53	.031	134.48	2.04
PRINCIPAL SURGEON	34	39		4,700.08	120.51	.013	138.24	1.52
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	56		1,620.45	28.94	.018	124.65	.52
DIALYSIS	13	43		3,213.98	74.74	.014	247.23	1.04
PATHOLOGY	21	48		392.28	8.17	.015	18.68	.13
RADIOLOGY	88	353		7,440.93	21.08	.114	84.56	2.40
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		13.76	13.76	.000	13.76	.00
OTHER SERVICES/ALL X-OVERS	462	850		11,160.94	13.13	.274	24.16	3.60
@PHARMACY	2,532	64,046	\$	1,219,208.42	\$ 19.04	20.660	\$ 481.52	\$ 393.29
PRESCRIPTION DRUGS	2,519	16,128		1,187,560.52	73.63	5.203	471.44	383.08
SNF/ICF	1,910	12,712		941,634.41	74.07	4.101	493.00	303.75
OUTPATIENTS	652	3,416		245,926.11	71.99	1.102	377.19	79.33
MEDICAL SUPPLIES	231	47,918		31,647.90	.66	15.457	137.00	10.21
@DENTIST	303	1,131	\$	38,599.25	\$ 34.13	.365	\$ 127.39	\$ 12.45
VISITS - DIAGNOSTIC	262	860		13,824.00	16.07	.277	52.76	4.46
ORAL SURGERY	19	66		2,817.00	42.68	.021	148.26	.91
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	28	41		6,985.00	170.37	.013	249.46	2.25
ENDODONTICS	3	3		760.00	253.33	.001	253.33	.25
RESTORATIVE DENTISTRY	40	100		7,432.00	74.32	.032	185.80	2.40
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	23	53		6,351.00	119.83	.017	276.13	2.05
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3		350.25	116.75	.001	116.75	.11
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	4		50.00	12.50	.001	25.00	.02

#CALIF DEPT OF HEALTH SERV MOP024 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

AID CODE

PAGE 11,694 01/17/03

	3,100 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	70		186	\$ 3,906.83	\$ 21.00	.060	\$ 55.81	\$ 1.26
DIAGNOSTIC AND ANC. PROCED	29		29	1,353.20	46.66	.009	46.66	.44
EYE APPLIANCES	56		155	2,538.13	16.38	.050	45.32	.82
OTHER OPTOMETRIC SERVICES	2		2	15.50	7.75	.001	7.75	.01
@CHIROPRACTOR	0		0	.00	.00	.000	.00	.00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	115		154	\$ 1,437.22	\$ 9.33	.050	\$ 12.50	\$.46

MEDICINE/INJECTIONS	12	13		367.00		28.23	.004	30.58	.12
SURGERY/ANES.	1	1		15.00		15.00	.000	15.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	103	140		1,055.22		7.54	.045	10.24	.34
@HOME HEALTH AGENCY	1	14	\$	937.09	\$	66.94	.005	\$ 937.09	\$.30
NURSE ANESTHESIST	2	28	\$	64.27	\$	2.30	.009	\$ 32.14	\$.02
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	266	3,115	\$	972,213.64	\$	312.11	1.005	\$ 3654.94	\$ 313.62
HOSP INPATIENT TOTAL	64	1,682		935,324.31		556.08	.543	14614.44	301.72
HSC HOSPITALS	34	668		711,295.00		1064.81	.215	20920.44	229.45
NON-HSC HOSPITAL TOTAL	11	597		198,224.69		332.03	.193	18020.43	63.94
ACCOMMODATIONS	11	597		136,763.99		229.09	.193	12433.09	44.12
ADMINISTRATIVE DAYS	11	597		136,763.99		229.09	.193	12433.09	44.12
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	11	0		61,460.70		.00	.000	5587.34	19.83
INPATIENT CROSSOVERS	25	417		25,804.62		61.88	.135	1032.18	8.32
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	215	1,433		36,889.33		25.74	.462	171.58	11.90
MEDICAL	35	52		2,087.47		40.14	.017	59.64	.67
SURGERY	34	122		4,025.39		33.00	.039	118.39	1.30
PATHOLOGY	111	596		7,068.00		11.86	.192	63.68	2.28
RADIOLOGY	33	59		5,034.49		85.33	.019	152.56	1.62
ROOM USE	69	131		7,364.61		56.22	.042	106.73	2.38
CROSSOVERS/ALL OTH OUTPTNT	103	473		11,309.37		23.91	.153	109.80	3.65
@COUNTY HOSPITAL TOTAL	58	1,533	\$	481,505.02	\$	314.09	.495	\$ 8301.81	\$ 155.32
CO HOSPITAL INPATIENT TOTAL	16	765		462,424.72		604.48	.247	28901.55	149.17
HSC HOSPITALS	12	296		320,848.00		1083.95	.095	26737.33	103.50
NON-HSC HOSPITALS TOTAL	5	450		138,705.82		308.24	.145	27741.16	44.74
ACCOMMODATIONS	5	450		103,034.35		228.97	.145	20606.87	33.24
ADMINISTRATIVE DAYS	5	450		103,034.35		228.97	.145	20606.87	33.24
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	5	0		35,671.47		.00	.000	7134.29	11.51
INPATIENT CROSSOVERS	2	19		2,870.90		151.10	.006	1435.45	.93
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	50	768		19,080.30		24.84	.248	381.61	6.15
MEDICAL	29	46		1,902.86		41.37	.015	65.62	.61
SURGERY	10	93		2,428.92		26.12	.030	242.89	.78
PATHOLOGY	26	261		2,817.76		10.80	.084	108.38	.91
RADIOLOGY	20	36		3,569.46		99.15	.012	178.47	1.15
ROOM USE	42	79		3,411.61		43.18	.025	81.23	1.10
CROSSOVERS/ALL OTH OUTPTNT	30	253		4,949.69		19.56	.082	164.99	1.60

#CALIF DEPT OF HEALTH SERV MOP024 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

AID CODE

PAGE 11,695 01/17/03

	3,100 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	228		1,582	\$ 490,708.62	\$ 310.18	.510	\$ 2152.23	\$ 158.29
COMM HOSP INPATIENT TOTAL	49		917	472,899.59	515.70	.296	9651.01	152.55
HSC HOSPITALS	22		372	390,447.00	1049.59	.120	17747.59	125.95
NON-HSC HOSPITALS TOTAL	6		147	59,518.87	404.89	.047	9919.81	19.20
ACCOMMODATIONS	6		147	33,729.64	229.45	.047	5621.61	10.88

ADMINISTRATIVE DAYS	6	147		33,729.64	229.45	.047	5621.61	10.88
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	6	0		25,789.23	.00	.000	4298.21	8.32
INPATIENT CROSSOVERS	23	398		22,933.72	57.62	.128	997.12	7.40
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	182	665		17,809.03	26.78	.215	97.85	5.74
MEDICAL	7	6		184.61	30.77	.002	26.37	.06
SURGERY	25	29		1,596.47	55.05	.009	63.86	.51
PATHOLOGY	90	335		4,250.24	12.69	.108	47.22	1.37
RADIOLOGY	15	23		1,465.03	63.70	.007	97.67	.47
ROOM USE	30	52		3,953.00	76.02	.017	131.77	1.28
CROSSOVERS/ALL OTH OUTPTNT	75	220		6,359.68	28.91	.071	84.80	2.05
@STATE HOSPITAL	10	302	\$	123,507.34	\$ 408.96	.097	\$ 12350.73	\$ 39.84
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	10	302		123,507.34	408.96	.097	12350.73	39.84
@NURSING FACILITY	1,719	52,829	\$	9,558,606.07	\$ 180.93	17.042	\$ 5560.56	\$ 3083.42
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	112	3,749		385,250.67	102.76	1.209	3439.74	124.27
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	277	9,544		5,099,039.83	534.27	3.079	18408.09	1644.85
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,412	39,536		4,074,315.57	103.05	12.754	2885.49	1314.30
@INTERMEDIATE CARE FACIL.-DD	1,018	30,647	\$	4,364,600.95	\$ 142.42	9.886	\$ 4287.43	\$ 1407.94
ICF DDH	743	22,400		3,000,052.73	133.93	7.226	4037.76	967.76
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	275	8,247		1,364,548.22	165.46	2.660	4961.99	440.18
@HEMODIALYSIS TOTAL	38	139	\$	62,742.19	\$ 451.38	.045	\$ 1651.11	\$ 20.24
HOSPITAL BASED	10	94		41,887.32	445.61	.030	4188.73	13.51
HEMODIALYSIS CENTER	28	45		20,854.87	463.44	.015	744.82	6.73
@REHABILITATION FACILITY	9	63	\$	960.28	\$ 15.24	.020	\$ 106.70	\$.31
HOSPITAL BASED	7	61		904.25	14.82	.020	129.18	.29
INDEPENDENT FACILITY	2	2		56.03	28.02	.001	28.02	.02
@LABORATORY FACILITY	21	104	\$	1,824.85	\$ 17.55	.034	\$ 86.90	\$.59
PATHOLOGY	15	98		1,796.02	18.33	.032	119.73	.58
XO AND OTHERS	6	6		28.83	4.81	.002	4.81	.01
@ORGANIZED OUTPATIENT CLINIC	7	11	\$	895.39	\$ 81.40	.004	\$ 127.91	\$.29
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	11		895.39	81.40	.004	127.91	.29

#CALIF DEPT OF HEALTH SERV MOP024 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

AID CODE

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,100 ELIGIBLES							
@ALL OTHER PROVIDERS	868	364,441	\$ 303,263.85	\$.83	117.562	\$ 349.38	\$ 97.83
DURABLE MED. EQUIP.	134	924	114,522.45	123.94	.298	854.65	36.94
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	318	11,439	63,572.72	5.56	3.690	199.91	20.51
AMBULANCES/AIR TRANS	61	860	12,625.70	14.68	.277	206.98	4.07
OTHER TRANS	185	9,463	37,698.69	3.98	3.053	203.78	12.16
OTHER SERVICES	97	1,116	13,248.33	11.87	.360	136.58	4.27
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	6	115	7,652.10	66.54	.037	1275.35	2.47
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	232	537.82	2.32	.075	268.91	.17
OPTICIAN	64	146	1,799.92	12.33	.047	28.12	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	14	34	607.97	17.88	.011	43.43	.20
PROSTHETIST/ORTHOTISTS	6	40	3,340.40	83.51	.013	556.73	1.08
PROSTHETICS	6	40	3,340.40	83.51	.013	556.73	1.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	4	18.09	4.52	.001	6.03	.01
SPEECH AND AUDIOLOGY	104	367	16,678.47	45.45	.118	160.37	5.38
HOSPICE SERVICES	9	141	10,222.63	72.50	.045	1135.85	3.30
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	360	350,999	84,311.28	.24	113.225	234.20	27.20
@CALIF. CHILDREN SERVICES*	3	7	\$ 163.08	\$ 23.30	.002	\$ 54.36	\$.05
@XOVER EXCLUDING STATE HOSP**	990	72,585	\$ 213,013.45	\$ 2.93	23.415	\$ 215.17	\$ 68.71

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	DISCONTIN ----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

PAGE 11,698
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	DISCONTIN			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES	DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
----- MONTHLY AVERAGE -----							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
SAN JOAQUIN COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

PAGE 11,700
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	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,701
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG	

19,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	18,957	1,441,570	\$ 64,508,815.89	\$ 44.75	74.863	\$ 3402.90	\$ 3350.06
@PHYSICIANS SERVICES	2,494	7,303	\$ 178,183.69	\$ 24.40	.379	\$ 71.44	\$ 9.25
OUTPATIENT VISITS	80	95	4,643.01	48.87	.005	58.04	.24
OFFICE VISITS	30	35	1,218.44	34.81	.002	40.61	.06
HOME VISITS	6	6	221.40	36.90	.000	36.90	.01
EMERGENCY ROOM	46	54	3,203.17	59.32	.003	69.63	.17
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	416	1,876	78,155.11	41.66	.097	187.87	4.06
HOSPITAL VISITS	82	756	29,577.34	39.12	.039	360.70	1.54
CRITICAL CARE	11	54	6,099.70	112.96	.003	554.52	.32
SNF/ICF/TRANS IP CARE	356	1,066	42,478.07	39.85	.055	119.32	2.21
OPHTHALMOLOGICAL SERVICES	11	11	437.69	39.79	.001	39.79	.02
EXAMINATIONS	11	11	437.69	39.79	.001	39.79	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	49	383	21,510.12	56.16	.020	438.98	1.12
PRINCIPAL SURGEON	34	74	15,647.64	211.45	.004	460.22	.81
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	21	309	5,862.48	18.97	.016	279.17	.30

OUTPATIENT SURGERY	57	128		7,780.94	60.79	.007	136.51	.40
PRINCIPAL SURGEON	40	47		5,582.42	118.77	.002	139.56	.29
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	17	81		2,198.52	27.14	.004	129.32	.11
DIALYSIS	15	52		3,591.38	69.07	.003	239.43	.19
PATHOLOGY	30	87		722.05	8.30	.005	24.07	.04
RADIOLOGY	115	495		9,395.66	18.98	.026	81.70	.49
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		19.81	9.91	.000	9.91	.00
OTHER SERVICES/ALL X-OVERS	2,017	4,174		51,927.92	12.44	.217	25.75	2.70
@PHARMACY	15,247	308,462	\$	5,095,271.22	\$ 16.52	16.019	\$ 334.18	\$ 264.61
PRESCRIPTION DRUGS	15,101	95,876		4,963,217.24	51.77	4.979	328.67	257.75
SNF/ICF	14,045	89,556		4,632,227.34	51.72	4.651	329.81	240.56
OUTPATIENTS	1,233	6,320		330,989.90	52.37	.328	268.44	17.19
MEDICAL SUPPLIES	1,365	212,586		132,053.98	.62	11.040	96.74	6.86
@DENTIST	1,520	3,744	\$	170,468.25	\$ 45.53	.194	\$ 112.15	\$ 8.85
VISITS - DIAGNOSTIC	1,303	2,754		53,096.00	19.28	.143	40.75	2.76
ORAL SURGERY	42	192		8,437.00	43.94	.010	200.88	.44
DRUGS	1	1		15.00	15.00	.000	15.00	.00
ANESTHESIA	2	2		200.00	100.00	.000	100.00	.01
PERIODONTICS	48	62		8,610.00	138.87	.003	179.38	.45
ENDODONTICS	4	4		831.00	207.75	.000	207.75	.04
RESTORATIVE DENTISTRY	66	148		10,308.00	69.65	.008	156.18	.54
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	277	503		86,566.00	172.10	.026	312.51	4.50
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	4	4		650.25	162.56	.000	162.56	.03
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	44	73		1,725.00	23.63	.004	39.20	.09

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

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01/17/03

SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

19,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	280	753	\$ 14,055.84	\$ 18.67	.039	\$ 50.20	\$.73
DIAGNOSTIC AND ANC. PROCED	47	47	2,160.65	45.97	.002	45.97	.11
EYE APPLIANCES	250	696	11,841.57	17.01	.036	47.37	.61
OTHER OPTOMETRIC SERVICES	8	10	53.62	5.36	.001	6.70	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1,330	1,748	\$ 10,867.60	\$ 6.22	.091	\$ 8.17	\$.56
MEDICINE/INJECTIONS	16	17	461.80	27.16	.001	28.86	.02
SURGERY/ANES.	1	1	15.00	15.00	.000	15.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1,314	1,730	10,390.80	6.01	.090	7.91	.54
@HOME HEALTH AGENCY	2	16	\$ 1,077.29	\$ 67.33	.001	\$ 538.65	\$.06
NURSE ANESTHESIST	6	50	\$ 169.70	\$ 3.39	.003	\$ 28.28	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$ 16.00	\$ 8.00	.000	\$ 8.00	\$.00
@TOTAL HOSPITAL	796	5,938	\$ 1,276,430.94	\$ 214.96	.308	\$ 1603.56	\$ 66.29
HOSP INPATIENT TOTAL	205	3,212	1,212,752.20	377.57	.167	5915.86	62.98
HSC HOSPITALS	46	788	824,210.44	1045.95	.041	17917.62	42.80
NON-HSC HOSPITAL TOTAL	16	746	261,692.20	350.79	.039	16355.76	13.59
ACCOMMODATIONS	16	746	171,853.31	230.37	.039	10740.83	8.92
ADMINISTRATIVE DAYS	15	729	167,264.81	229.44	.038	11150.99	8.69
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	17	4,588.50	269.91	.001	4588.50	.24
ANCILLARIES	16	0	89,838.89	.00	.000	5614.93	4.67
INPATIENT CROSSOVERS	151	1,678	126,849.56	75.60	.087	840.06	6.59
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	659	2,726	63,678.74	23.36	.142	96.63	3.31
MEDICAL	40	60	2,404.00	40.07	.003	60.10	.12
SURGERY	36	124	4,119.69	33.22	.006	114.44	.21
PATHOLOGY	177	851	9,819.74	11.54	.044	55.48	.51
RADIOLOGY	45	77	6,280.76	81.57	.004	139.57	.33
ROOM USE	83	160	8,880.06	55.50	.008	106.99	.46
CROSSOVERS/ALL OTH OUTPTNT	487	1,454	32,174.49	22.13	.076	66.07	1.67
@COUNTY HOSPITAL TOTAL	83	1,780	\$ 586,376.49	\$ 329.42	.092	\$ 7064.78	\$ 30.45
CO HOSPITAL INPATIENT TOTAL	28	965	566,097.60	586.63	.050	20217.77	29.40
HSC HOSPITALS	19	364	392,112.00	1077.23	.019	20637.47	20.36
NON-HSC HOSPITALS TOTAL	8	561	169,409.72	301.98	.029	21176.22	8.80
ACCOMMODATIONS	8	561	128,708.65	229.43	.029	16088.58	6.68
ADMINISTRATIVE DAYS	8	561	128,708.65	229.43	.029	16088.58	6.68
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	8	0	40,701.07	.00	.000	5087.63	2.11
INPATIENT CROSSOVERS	5	40	4,575.88	114.40	.002	915.18	.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	66	815	20,278.89	24.88	.042	307.26	1.05
MEDICAL	31	48	2,040.20	42.50	.002	65.81	.11
SURGERY	10	93	2,428.92	26.12	.005	242.89	.13
PATHOLOGY	29	272	2,966.21	10.91	.014	102.28	.15
RADIOLOGY	25	43	4,133.95	96.14	.002	165.36	.21
ROOM USE	46	83	3,597.55	43.34	.004	78.21	.19

19,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	741	4,158	\$ 690,054.45	\$ 165.96	.216	\$ 931.25	\$ 35.84
COMM HOSP INPATIENT TOTAL	179	2,247	646,654.60	287.79	.117	3612.60	33.58
HSC HOSPITALS	28	424	432,098.44	1019.10	.022	15432.09	22.44
NON-HSC HOSPITALS TOTAL	8	185	92,282.48	498.82	.010	11535.31	4.79
ACCOMMODATIONS	8	185	43,144.66	233.21	.010	5393.08	2.24
ADMINISTRATIVE DAYS	7	168	38,556.16	229.50	.009	5508.02	2.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	17	4,588.50	269.91	.001	4588.50	.24
ANCILLARIES	8	0	49,137.82	.00	.000	6142.23	2.55
INPATIENT CROSSTOVERS	146	1,638	122,273.68	74.65	.085	837.49	6.35
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	615	1,911	43,399.85	22.71	.099	70.57	2.25
MEDICAL	10	12	363.80	30.32	.001	36.38	.02
SURGERY	27	31	1,690.77	54.54	.002	62.62	.09
PATHOLOGY	154	579	6,853.53	11.84	.030	44.50	.36
RADIOLOGY	22	34	2,146.81	63.14	.002	97.58	.11
ROOM USE	41	77	5,282.51	68.60	.004	128.84	.27
CROSSTOVERS/ALL OTH OUTPTNT	447	1,178	27,062.43	22.97	.061	60.54	1.41
@STATE HOSPITAL	12	302	\$ 127,159.29	\$ 421.06	.016	\$ 10596.61	\$ 6.60
MENTALLY ILL	2	0	3,651.95	.00	.000	1825.98	.19
DEVELOP. DISABLED	10	302	123,507.34	408.96	.016	12350.73	6.41
@NURSING FACILITY	15,977	487,600	\$ 51,807,113.79	\$ 106.25	25.322	\$ 3242.61	\$ 2690.44
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	179	5,857	608,985.26	103.98	.304	3402.15	31.63
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	359	12,535	6,662,569.91	531.52	.651	18558.69	346.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	15,548	469,208	44,535,558.62	94.92	24.367	2864.39	2312.81
@INTERMEDIATE CARE FACIL.-DD	1,074	32,311	\$ 4,596,125.34	\$ 142.25	1.678	\$ 4279.45	\$ 238.69
ICF DDH	779	23,454	3,140,297.17	133.89	1.218	4031.19	163.08
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	295	8,857	1,455,828.17	164.37	.460	4935.01	75.60
@HEMODIALYSIS TOTAL	136	293	\$ 119,374.76	\$ 407.42	.015	\$ 877.76	\$ 6.20
HOSPITAL BASED	10	94	41,887.32	445.61	.005	4188.73	2.18
HEMODIALYSIS CENTER	126	199	77,487.44	389.38	.010	614.98	4.02
@REHABILITATION FACILITY	17	119	\$ 1,876.38	\$ 15.77	.006	\$ 110.38	\$.10
HOSPITAL BASED	15	117	1,820.35	15.56	.006	121.36	.09
INDEPENDENT FACILITY	2	2	56.03	28.02	.000	28.02	.00
@LABORATORY FACILITY	61	199	\$ 2,536.30	\$ 12.75	.010	\$ 41.58	\$.13
PATHOLOGY	17	109	2,007.46	18.42	.006	118.09	.10
XO AND OTHERS	44	90	528.84	5.88	.005	12.02	.03
@ORGANIZED OUTPATIENT CLINIC	14	22	\$ 1,461.78	\$ 66.44	.001	\$ 104.41	\$.08
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	2	284.79	142.40	.000	142.40	.01
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	20	1,176.99	58.85	.001	98.08	.06

19,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,765	592,708	\$ 1,106,627.72	\$ 1.87	30.780	\$ 293.93	\$ 57.47
DURABLE MED. EQUIP.	442	3,730	330,280.33	88.55	.194	747.24	17.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	22	24	4,160.61	173.36	.001	189.12	.22
MEDICAL TRANSPORTATION	1,892	39,736	233,491.01	5.88	2.064	123.41	12.13
AMBULANCES/AIR TRANS	196	2,140	30,701.87	14.35	.111	156.64	1.59
OTHER TRANS	1,142	31,405	146,267.54	4.66	1.631	128.08	7.60
OTHER SERVICES	688	6,191	56,521.60	9.13	.322	82.15	2.94
ACUPUNCTURE	9	27	397.40	14.72	.001	44.16	.02
ADULT DAY HEALTH CARE CTR	6	115	7,652.10	66.54	.006	1275.35	.40
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	232	537.82	2.32	.012	268.91	.03
OPTICIAN	267	577	7,557.98	13.10	.030	28.31	.39
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.00
PORTABLE X-RAY	63	139	1,533.96	11.04	.007	24.35	.08
PROSTHETIST/ORTHOTISTS	14	59	3,738.43	63.36	.003	267.03	.19
PROSTHETICS	14	59	3,738.43	63.36	.003	267.03	.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	9	10	67.78	6.78	.001	7.53	.00
SPEECH AND AUDIOLOGY	465	1,131	62,787.49	55.52	.059	135.03	3.26
HOSPICE SERVICES	129	3,790	307,642.46	81.17	.197	2384.83	15.98
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	920	543,137	146,745.51	.27	28.206	159.51	7.62
@CALIF. CHILDREN SERVICES*	3	7	\$ 163.08	\$ 23.30	.000	\$ 54.36	\$.01
@XOVER EXCLUDING STATE HOSP**	5,967	367,770	\$ 1,434,516.38	\$ 3.90	19.099	\$ 240.41	\$ 74.50

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

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35,938 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	29,770	1,258,040	\$ 54,836,899.73	\$ 43.59	35.006	\$ 1842.02	\$ 1525.88
@PHYSICIANS SERVICES	5,297	15,900	\$ 506,821.41	\$ 31.88	.442	\$ 95.68	\$ 14.10
OUTPATIENT VISITS	1,276	1,810	67,727.88	37.42	.050	53.08	1.88
OFFICE VISITS	1,124	1,590	54,605.43	34.34	.044	48.58	1.52
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	186	205	12,684.77	61.88	.006	68.20	.35
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	15	437.68	29.18	.000	29.18	.01
INPATIENT VISITS	220	1,112	50,139.69	45.09	.031	227.91	1.40
HOSPITAL VISITS	130	837	35,161.63	42.01	.023	270.47	.98
CRITICAL CARE	10	52	6,291.60	120.99	.001	629.16	.18
SNF/ICF/TRANS IP CARE	90	223	8,686.46	38.95	.006	96.52	.24
OPHTHALMOLOGICAL SERVICES	129	138	6,076.30	44.03	.004	47.10	.17

EXAMINATIONS	129	138	6,076.30	44.03	.004	47.10	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	72	455	46,351.61	101.87	.013	643.77	1.29
PRINCIPAL SURGEON	51	80	33,959.30	424.49	.002	665.87	.94
ASSISTANT SURGEON	10	13	3,802.72	292.52	.000	380.27	.11
ANESTHESIOLOGIST	30	362	8,589.59	23.73	.010	286.32	.24
OUTPATIENT SURGERY	232	640	108,851.53	170.08	.018	469.19	3.03
PRINCIPAL SURGEON	178	216	95,635.02	442.75	.006	537.28	2.66
ASSISTANT SURGEON	5	5	912.88	182.58	.000	182.58	.03
ANESTHESIOLOGIST	92	419	12,303.63	29.36	.012	133.74	.34
DIALYSIS	17	109	7,374.54	67.66	.003	433.80	.21
PATHOLOGY	256	586	5,866.55	10.01	.016	22.92	.16
RADIOLOGY	468	1,039	50,640.23	48.74	.029	108.21	1.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	82	173	9,543.18	55.16	.005	116.38	.27
OTHER SERVICES/ALL X-OVERS	3,766	9,838	154,249.90	15.68	.274	40.96	4.29
@PHARMACY	23,954	335,734	\$ 6,594,814.33	\$ 19.64	9.342	\$ 275.31	\$ 183.51
PRESCRIPTION DRUGS	23,679	125,601	6,403,263.28	50.98	3.495	270.42	178.18
SNF/ICF	12,521	79,173	3,804,729.55	48.06	2.203	303.87	105.87
OUTPATIENTS	11,326	46,428	2,598,533.73	55.97	1.292	229.43	72.31
MEDICAL SUPPLIES	1,986	210,133	191,551.05	.91	5.847	96.45	5.33
@DENTIST	2,331	8,154	\$ 390,947.54	\$ 47.95	.227	\$ 167.72	\$ 10.88
VISITS - DIAGNOSTIC	1,760	4,979	79,252.19	15.92	.139	45.03	2.21
ORAL SURGERY	241	901	39,504.50	43.85	.025	163.92	1.10
DRUGS	4	4	60.00	15.00	.000	15.00	.00
ANESTHESIA	7	7	700.00	100.00	.000	100.00	.02
PERIODONTICS	94	107	13,140.00	122.80	.003	139.79	.37
ENDODONTICS	34	39	8,398.00	215.33	.001	247.00	.23
RESTORATIVE DENTISTRY	270	869	65,910.25	75.85	.024	244.11	1.83
PROSTHETICS	22	28	780.00	27.86	.001	35.45	.02
DENTURES, STAYPLATES	498	1,132	181,141.20	160.02	.031	363.74	5.04
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	300.00	300.00	.000	300.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.000	.00	.00
ALL OTHER SERVICES	48	86	1,761.40	20.48	.002	36.70	.05

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

					----- MONTHLY AVERAGE -----		
35,938 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	597	1,599	\$ 31,642.85	\$ 19.79	.044	\$ 53.00	\$.88
DIAGNOSTIC AND ANC. PROCED	117	118	5,434.26	46.05	.003	46.45	.15
EYE APPLIANCES	503	1,434	25,066.33	17.48	.040	49.83	.70
OTHER OPTOMETRIC SERVICES	47	47	1,142.26	24.30	.001	24.30	.03
@CHIROPRACTOR	8	14	\$ 229.58	\$ 16.40	.000	\$ 28.70	\$.01
VISITS	6	12	196.14	16.35	.000	32.69	.01
OTHER SERVICES	2	2	33.44	16.72	.000	16.72	.00
@PODIATRIST	1,448	1,927	\$ 15,114.47	\$ 7.84	.054	\$ 10.44	\$.42
MEDICINE/INJECTIONS	56	60	1,632.00	27.20	.002	29.14	.05
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	2	19.69	9.85	.000	9.85	.00
OTHER	1,391	1,865	13,462.78	7.22	.052	9.68	.37
@HOME HEALTH AGENCY	26	167	\$ 10,763.32	\$ 64.45	.005	\$ 413.97	\$.30
NURSE ANESTHESIST	15	37	\$ 264.76	\$ 7.16	.001	\$ 17.65	\$.01

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	4	\$	56.85	\$	14.21	.000	\$	14.21	\$	.00
@TOTAL HOSPITAL	2,579	13,648	\$	1,518,790.89	\$	111.28	.380	\$	588.91	\$	42.26
HOSP INPATIENT TOTAL	385	3,531		1,227,142.70		347.53	.098		3187.38		34.15
HSC HOSPITALS	131	975		957,160.25		981.70	.027		7306.57		26.63
NON-HSC HOSPITAL TOTAL	6	154		71,815.46		466.33	.004		11969.24		2.00
ACCOMMODATIONS	6	154		37,671.24		244.62	.004		6278.54		1.05
ADMINISTRATIVE DAYS	4	132		30,483.74		230.94	.004		7620.94		.85
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	22		7,187.50		326.70	.001		3593.75		.20
ANCILLARIES	6	0		34,144.22		.00	.000		5690.70		.95
INPATIENT CROSSOVERS	250	2,402		198,166.99		82.50	.067		792.67		5.51
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,341	10,117		291,648.19		28.83	.282		124.58		8.12
MEDICAL	550	839		37,627.73		44.85	.023		68.41		1.05
SURGERY	82	123		9,249.99		75.20	.003		112.80		.26
PATHOLOGY	768	3,364		39,962.94		11.88	.094		52.04		1.11
RADIOLOGY	297	566		43,141.39		76.22	.016		145.26		1.20
ROOM USE	647	1,005		42,223.58		42.01	.028		65.26		1.17
CROSSOVERS/ALL OTH OUTPTNT	1,389	4,220		119,442.56		28.30	.117		85.99		3.32
@COUNTY HOSPITAL TOTAL	685	4,122	\$	583,416.32	\$	141.54	.115	\$	851.70	\$	16.23
CO HOSPITAL INPATIENT TOTAL	76	717		485,863.05		677.63	.020		6392.93		13.52
HSC HOSPITALS	59	425		443,309.61		1043.08	.012		7513.72		12.34
NON-HSC HOSPITALS TOTAL	3	111		30,714.70		276.71	.003		10238.23		.85
ACCOMMODATIONS	3	111		25,685.10		231.40	.003		8561.70		.71
ADMINISTRATIVE DAYS	3	111		25,685.10		231.40	.003		8561.70		.71
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	3	0		5,029.60		.00	.000		1676.53		.14
INPATIENT CROSSOVERS	15	181		11,838.74		65.41	.005		789.25		.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	638	3,405	97,553.27	28.65	.095	152.90	2.71
MEDICAL	423	643	23,791.82	37.00	.018	56.25	.66
SURGERY	28	63	2,499.78	39.68	.002	89.28	.07
PATHOLOGY	294	1,210	15,024.50	12.42	.034	51.10	.42
RADIOLOGY	115	150	11,959.22	79.73	.004	103.99	.33
ROOM USE	459	669	25,449.26	38.04	.019	55.45	.71
CROSSOVERS/ALL OTH OUTPTNT	240	670	18,828.69	28.10	.019	78.45	.52

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	35,938 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,962	9,526	\$	935,374.57	\$ 98.19	.265	\$ 476.75	\$ 26.03
COMM HOSP INPATIENT TOTAL	312	2,814		741,279.65	263.43	.078	2375.90	20.63
HSC HOSPITALS	75	550		513,850.64	934.27	.015	6851.34	14.30
NON-HSC HOSPITALS TOTAL	3	43		41,100.76	955.83	.001	13700.25	1.14
ACCOMMODATIONS	3	43		11,986.14	278.75	.001	3995.38	.33
ADMINISTRATIVE DAYS	1	21		4,798.64	228.51	.001	4798.64	.13
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	22		7,187.50	326.70	.001	3593.75	.20
ANCILLARIES	3	0		29,114.62	.00	.000	9704.87	.81
INPATIENT CROSSOVERS	235	2,221		186,328.25	83.89	.062	792.89	5.18
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,762	6,712		194,094.92	28.92	.187	110.16	5.40
MEDICAL	136	196		13,835.91	70.59	.005	101.73	.38
SURGERY	57	60		6,750.21	112.50	.002	118.42	.19
PATHOLOGY	490	2,154		24,938.44	11.58	.060	50.89	.69
RADIOLOGY	192	416		31,182.17	74.96	.012	162.41	.87
ROOM USE	215	336		16,774.32	49.92	.009	78.02	.47
CROSSOVERS/ALL OTH OUTPTNT	1,157	3,550		100,613.87	28.34	.099	86.96	2.80
@STATE HOSPITAL	2	0	\$	3,651.95	\$.00	.000	\$ 1825.98	\$.10
MENTALLY ILL	2	0		3,651.95	.00	.000	1825.98	.10
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	14,761	444,673	\$	43,893,717.41	\$ 98.71	12.373	\$ 2973.63	\$ 1221.37
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	75	2,370		255,418.25	107.77	.066	3405.58	7.11
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	99	3,671		1,952,943.61	531.99	.102	19726.70	54.34
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	14,621	438,632		41,685,355.55	95.03	12.205	2851.06	1159.92
@INTERMEDIATE CARE FACIL.-DD	56	1,664	\$	231,524.39	\$ 139.14	.046	\$ 4134.36	\$ 6.44
ICF DDH	36	1,054		140,244.44	133.06	.029	3895.68	3.90
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	20	610		91,279.95	149.64	.017	4564.00	2.54
@HEMODIALYSIS TOTAL	209	519	\$	166,664.45	\$ 321.13	.014	\$ 797.44	\$ 4.64
HOSPITAL BASED	12	92		47,122.38	512.20	.003	3926.87	1.31
HEMODIALYSIS CENTER	197	427		119,542.07	279.96	.012	606.81	3.33
@REHABILITATION FACILITY	13	66	\$	1,321.21	\$ 20.02	.002	\$ 101.63	\$.04
HOSPITAL BASED	13	66		1,321.21	20.02	.002	101.63	.04
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	330	2,186	\$	13,865.98	\$ 6.34	.061	\$ 42.02	\$.39
PATHOLOGY	181	1,795		10,192.16	5.68	.050	56.31	.28
XO AND OTHERS	149	391		3,673.82	9.40	.011	24.66	.10
@ORGANIZED OUTPATIENT CLINIC	540	1,513	\$	95,445.53	\$ 63.08	.042	\$ 176.75	\$ 2.66
CLINIC	38	391		7,277.88	18.61	.011	191.52	.20

SURGICENTER	70	493	35,617.62	72.25	.014	508.82	.99
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	438	629	52,550.03	83.55	.018	119.98	1.46

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
35,938 ELIGIBLES							
@ALL OTHER PROVIDERS	5,012	430,235	\$ 1,361,262.81	\$ 3.16	11.972	\$ 271.60	\$ 37.88
DURABLE MED. EQUIP.	397	2,970	235,581.62	79.32	.083	593.40	6.56
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	43	57	15,559.55	272.97	.002	361.85	.43
MEDICAL TRANSPORTATION	2,094	51,667	280,029.89	5.42	1.438	133.73	7.79
AMBULANCES/AIR TRANS	207	1,939	29,041.99	14.98	.054	140.30	.81
OTHER TRANS	1,151	42,224	185,475.84	4.39	1.175	161.14	5.16
OTHER SERVICES	866	7,504	65,512.06	8.73	.209	75.65	1.82
ACUPUNCTURE	43	107	1,803.10	16.85	.003	41.93	.05
ADULT DAY HEALTH CARE CTR	95	1,618	107,631.56	66.52	.045	1132.96	2.99
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	57	8,349	195,387.79	23.40	.232	3427.86	5.44
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	706	1,681	23,086.06	13.73	.047	32.70	.64
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.00
PORTABLE X-RAY	57	126	1,101.78	8.74	.004	19.33	.03
PROSTHETIST/ORTHOTISTS	19	48	1,142.91	23.81	.001	60.15	.03
PROSTHETICS	18	47	1,108.41	23.58	.001	61.58	.03
ORTHOTICS	1	1	34.50	34.50	.000	34.50	.00
PSYCHOLOGIST	9	9	67.93	7.55	.000	7.55	.00
SPEECH AND AUDIOLOGY	454	975	59,903.49	61.44	.027	131.95	1.67
HOSPICE SERVICES	126	3,788	309,588.75	81.73	.105	2457.05	8.61
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,457	358,839	130,343.54	.36	9.985	89.46	3.63
@CALIF. CHILDREN SERVICES*	1	6CR	\$ 151.21CR	\$ 25.20	.000	\$ 151.21CR	.00
@XOVER EXCLUDING STATE HOSP**	8,448	322,469	\$ 1,838,475.55	\$ 5.70	8.973	\$ 217.62	\$ 51.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,709
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
152 ELIGIBLES							
@TOTAL, ALL PROVIDERS	154	1,952	\$ 175,331.70	\$ 89.82	12.842	\$ 1138.52	\$ 1153.50
@PHYSICIANS SERVICES	35	63	\$ 1,341.57	\$ 21.29	.414	\$ 38.33	\$ 8.83
OUTPATIENT VISITS	6	7	257.34	36.76	.046	42.89	1.69
OFFICE VISITS	4	5	120.64	24.13	.033	30.16	.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	136.70	68.35	.013	68.35	.90
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	10		239.82	23.98	.066	119.91	1.58
PRINCIPAL SURGEON	2	10		239.82	23.98	.066	119.91	1.58
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	2	2		14.63	7.32	.013	7.32	.10
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	27	44		829.78	18.86	.289	30.73	5.46
@PHARMACY	111	608	\$	23,784.56	\$ 39.12	4.000	\$ 214.28	\$ 156.48
PRESCRIPTION DRUGS	107	413		22,433.80	54.32	2.717	209.66	147.59
SNF/ICF	7	17		1,403.37	82.55	.112	200.48	9.23
OUTPATIENTS	100	396		21,030.43	53.11	2.605	210.30	138.36
MEDICAL SUPPLIES	18	195		1,350.76	6.93	1.283	75.04	8.89
@DENTIST	11	28	\$	557.00	\$ 19.89	.184	\$ 50.64	\$ 3.66
VISITS - DIAGNOSTIC	7	20		167.00	8.35	.132	23.86	1.10
ORAL SURGERY	2	2		85.00	42.50	.013	42.50	.56
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	4		165.00	41.25	.026	55.00	1.09
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		140.00	140.00	.007	140.00	.92
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.007	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 11,710
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND							

152 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	11	\$ 175.97	\$ 16.00	.072	\$ 58.66	\$ 1.16
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	9	138.81	15.42	.059	69.41	.91
OTHER OPTOMETRIC SERVICES	1	2	37.16	18.58	.013	37.16	.24
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	6	\$ 25.38	\$ 4.23	.039	\$ 5.08	\$.17

MEDICINE/INJECTIONS	0	0		.00		.000	.00	.00
SURGERY/ANES.	0	0		.00		.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	5	6		25.38		.039	5.08	.17
@HOME HEALTH AGENCY	1	177	\$	5,221.59	\$	29.50	1.164	\$ 5221.59 \$ 34.35
NURSE ANESTHESIST	2	2	\$	45.91	\$	22.96	.013	\$ 22.96 \$.30
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
@TOTAL HOSPITAL	22	117	\$	3,548.25	\$	30.33	.770	\$ 161.28 \$ 23.34
HOSP INPATIENT TOTAL	3	18		1,629.05		90.50	.118	543.02 10.72
HSC HOSPITALS	0	0		.00		.00	.000	.00 .00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00 .00
ACCOMMODATIONS	0	0		.00		.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00 .00
ANCILLARIES	0	0		.00		.00	.000	.00 .00
INPATIENT CROSSOVERS	3	18		1,629.05		90.50	.118	543.02 10.72
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00 .00
HOSP OUTPATIENT TOTAL	19	99		1,919.20		19.39	.651	101.01 12.63
MEDICAL	4	5		176.75		35.35	.033	44.19 1.16
SURGERY	0	0		.00		.00	.000	.00 .00
PATHOLOGY	10	57		579.21		10.16	.375	57.92 3.81
RADIOLOGY	3	3		228.71		76.24	.020	76.24 1.50
ROOM USE	7	8		298.76		37.35	.053	42.68 1.97
CROSSOVERS/ALL OTH OUTPTNT	8	26		635.77		24.45	.171	79.47 4.18
@COUNTY HOSPITAL TOTAL	9	54	\$	1,465.10	\$	27.13	.355	\$ 162.79 \$ 9.64
CO HOSPITAL INPATIENT TOTAL	1	3		774.67		258.22	.020	774.67 5.10
HSC HOSPITALS	0	0		.00		.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00 .00
ACCOMMODATIONS	0	0		.00		.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00 .00
ANCILLARIES	0	0		.00		.00	.000	.00 .00
INPATIENT CROSSOVERS	1	3		774.67		258.22	.020	774.67 5.10
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00 .00
CO HOSP OUTPATIENT TOTAL	8	51		690.43		13.54	.336	86.30 4.54
MEDICAL	3	4		136.19		34.05	.026	45.40 .90
SURGERY	0	0		.00		.00	.000	.00 .00
PATHOLOGY	7	41		350.17		8.54	.270	50.02 2.30
RADIOLOGY	0	0		8.70		.00	.000	.00 .06
ROOM USE	4	5		190.43		38.09	.033	47.61 1.25
CROSSOVERS/ALL OTH OUTPTNT	1	1		4.94		4.94	.007	4.94 .03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND							
----- MONTHLY AVERAGE -----								
152 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	13	63	\$ 2,083.15	\$ 33.07	.414	\$ 160.24	\$ 13.70	
COMM HOSP INPATIENT TOTAL	2	15	854.38	56.96	.099	427.19	5.62	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	15	854.38	56.96	.099	427.19	5.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	48	1,228.77	25.60	.316	111.71	8.08
MEDICAL	1	1	40.56	40.56	.007	40.56	.27
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	16	229.04	14.32	.105	76.35	1.51
RADIOLOGY	3	3	220.01	73.34	.020	73.34	1.45
ROOM USE	3	3	108.33	36.11	.020	36.11	.71
CROSSOVERS/ALL OTH OUTPTNT	7	25	630.83	25.23	.164	90.12	4.15
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	394	\$ 129,910.63	\$ 329.72	2.592	\$ 10825.89	\$ 854.68
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	3	87	10,520.91	120.93	.572	3506.97	69.22
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	229	110,094.90	480.76	1.507	22018.98	724.31
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	78	9,294.82	119.16	.513	1858.96	61.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	8	\$ 3,885.80	\$ 485.73	.053	\$ 647.63	\$ 25.56
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	8	3,885.80	485.73	.053	647.63	25.56
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	1	1	\$	40.73	\$	40.73		.007	\$	40.73	\$	.27
PATHOLOGY	0	0		.00		.00		.000		.00		.00
XO AND OTHERS	1	1		40.73		40.73		.007		40.73		.27
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	96.72	\$	.00		.000	\$	.00	\$	.64
CLINIC	0	0		.00		.00		.000		.00		.00
SURGICENTER	0	0		.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	0	0		96.72		.00		.000		.00		.64

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,712
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

152 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	34	537	\$ 6,697.59	\$ 12.47	3.533	\$ 196.99	\$ 44.06
DURABLE MED. EQUIP.	3	18	1,503.76	83.54	.118	501.25	9.89
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	185	1,678.14	9.07	1.217	119.87	11.04
AMBULANCES/AIR TRANS	4	43	655.28	15.24	.283	163.82	4.31
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	10	142	1,022.86	7.20	.934	102.29	6.73
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	7	22	2,143.90	97.45	.145	306.27	14.10
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	60.60	10.10	.039	30.30	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	28	221.34	7.91	.184	73.78	1.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	278	1,089.85	3.92	1.829	90.82	7.17
@CALIF. CHILDREN SERVICES*	2	14	\$ 807.20	\$ 57.66	.092	\$ 403.60	\$ 5.31
@XOVER EXCLUDING STATE HOSP**	54	256	\$ 9,443.65	\$ 36.89	1.684	\$ 174.88	\$ 62.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,713
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED	

15,431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,126	960,665	\$ 27,753,085.95	\$ 28.89	62.256	\$ 1964.68	\$ 1798.53
@PHYSICIANS SERVICES	3,866	17,170	\$ 657,434.28	\$ 38.29	1.113	\$ 170.06	\$ 42.60

OUTPATIENT VISITS	1,071	1,589	65,350.90	41.13	.103	61.02	4.24
OFFICE VISITS	687	979	31,921.87	32.61	.063	46.47	2.07
HOME VISITS	13	16	633.60	39.60	.001	48.74	.04
EMERGENCY ROOM	345	425	28,497.13	67.05	.028	82.60	1.85
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	6	196.99	32.83	.000	98.50	.01
OTHER OUTPATIENT	105	163	4,101.31	25.16	.011	39.06	.27
INPATIENT VISITS	613	3,150	135,574.48	43.04	.204	221.17	8.79
HOSPITAL VISITS	334	2,071	81,060.73	39.14	.134	242.70	5.25
CRITICAL CARE	28	144	17,153.08	119.12	.009	612.61	1.11
SNF/ICF/TRANS IP CARE	302	935	37,360.67	39.96	.061	123.71	2.42
OPHTHALMOLOGICAL SERVICES	73	79	3,653.11	46.24	.005	50.04	.24
EXAMINATIONS	73	79	3,653.11	46.24	.005	50.04	.24
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	209	1,715	131,466.15	76.66	.111	629.02	8.52
PRINCIPAL SURGEON	153	288	100,268.35	348.15	.019	655.35	6.50
ASSISTANT SURGEON	10	12	2,492.63	207.72	.001	249.26	.16
ANESTHESIOLOGIST	80	1,415	28,705.17	20.29	.092	358.81	1.86
OUTPATIENT SURGERY	263	551	64,103.69	116.34	.036	243.74	4.15
PRINCIPAL SURGEON	232	323	56,889.22	176.13	.021	245.21	3.69
ASSISTANT SURGEON	5	5	1,316.09	263.22	.000	263.22	.09
ANESTHESIOLOGIST	41	223	5,898.38	26.45	.014	143.86	.38
DIALYSIS	72	262	22,703.24	86.65	.017	315.32	1.47
PATHOLOGY	245	704	11,906.63	16.91	.046	48.60	.77
RADIOLOGY	569	1,831	99,086.49	54.12	.119	174.14	6.42
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	53	378	8,743.76	23.13	.024	164.98	.57
OTHER SERVICES/ALL X-OVERS	2,291	6,911	114,845.83	16.62	.448	50.13	7.44
@PHARMACY	10,843	130,360	\$ 4,483,321.37	\$ 34.39	8.448	\$ 413.48	\$ 290.54
PRESCRIPTION DRUGS	10,725	55,106	4,346,398.56	78.87	3.571	405.26	281.67
SNF/ICF	2,124	14,662	1,049,001.26	71.55	.950	493.88	67.98
OUTPATIENTS	8,662	40,444	3,297,397.30	81.53	2.621	380.67	213.69
MEDICAL SUPPLIES	1,106	75,254	136,922.81	1.82	4.877	123.80	8.87
@DENTIST	1,357	6,456	\$ 271,680.74	\$ 42.08	.418	\$ 200.21	\$ 17.61
VISITS - DIAGNOSTIC	957	4,003	52,908.05	13.22	.259	55.29	3.43
ORAL SURGERY	193	601	30,511.45	50.77	.039	158.09	1.98
DRUGS	8	8	105.00	13.13	.001	13.13	.01
ANESTHESIA	13	14	1,100.00	78.57	.001	84.62	.07
PERIODONTICS	128	144	22,555.00	156.63	.009	176.21	1.46
ENDODONTICS	46	57	12,542.00	220.04	.004	272.65	.81
RESTORATIVE DENTISTRY	362	1,135	89,934.00	79.24	.074	248.44	5.83
PROSTHETICS	15	17	370.00	21.76	.001	24.67	.02
DENTURES, STAYPLATES	164	455	60,946.87	133.95	.029	371.63	3.95
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	4	4	518.37	129.59	.000	129.59	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	140.00	46.67	.000	46.67	.01
ALL OTHER SERVICES	10	15	50.00	3.33	.001	5.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,714
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

	15,431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	366	1,013	\$	20,788.00	\$ 20.52	.066	\$ 56.80	\$ 1.35
DIAGNOSTIC AND ANC. PROCED	129	130		5,954.60	45.80	.008	46.16	.39

EYE APPLIANCES	291	851		13,966.34	16.41	.055	47.99	.91
OTHER OPTOMETRIC SERVICES	24	32		867.06	27.10	.002	36.13	.06
@CHIROPRACTOR	11	16	\$	267.52	\$ 16.72	.001	\$ 24.32	\$.02
VISITS	6	9		150.48	16.72	.001	25.08	.01
OTHER SERVICES	5	7		117.04	16.72	.000	23.41	.01
@PODIATRIST	298	451	\$	10,269.28	\$ 22.77	.029	\$ 34.46	\$.67
MEDICINE/INJECTIONS	52	59		1,530.55	25.94	.004	29.43	.10
SURGERY/ANES.	2	3		516.86	172.29	.000	258.43	.03
RADIO./PATHOLOGY	2	2		28.55	14.28	.000	14.28	.00
OTHER	246	387		8,193.32	21.17	.025	33.31	.53
@HOME HEALTH AGENCY	122	10,737	\$	307,082.47	\$ 28.60	.696	\$ 2517.07	\$ 19.90
NURSE ANESTHESIST	10	36	\$	337.38	\$ 9.37	.002	\$ 33.74	\$.02
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,825	27,959	\$	5,806,964.91	\$ 207.70	1.812	\$ 2055.56	\$ 376.32
HOSP INPATIENT TOTAL	525	6,593		5,167,354.16	783.76	.427	9842.58	334.87
HSC HOSPITALS	411	4,375		4,679,034.39	1069.49	.284	11384.51	303.22
NON-HSC HOSPITAL TOTAL	36	1,048		355,162.16	338.90	.068	9865.62	23.02
ACCOMMODATIONS	36	1,048		245,242.04	234.01	.068	6812.28	15.89
ADMINISTRATIVE DAYS	35	1,039		237,327.62	228.42	.067	6780.79	15.38
TRANSITIONAL IP CARE	0	0		75.51	.00	.000	.00	.00
ALL OTHER ACCOM	1	9		7,838.91	870.99	.001	7838.91	.51
ANCILLARIES	36	0		109,920.12	.00	.000	3053.34	7.12
INPATIENT CROSSOVERS	99	1,170		133,157.61	113.81	.076	1345.03	8.63
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,530	21,366		639,610.75	29.94	1.385	252.81	41.45
MEDICAL	1,040	2,187		94,291.13	43.11	.142	90.66	6.11
SURGERY	183	480		20,672.19	43.07	.031	112.96	1.34
PATHOLOGY	1,253	8,211		90,261.17	10.99	.532	72.04	5.85
RADIOLOGY	573	1,603		147,372.21	91.94	.104	257.19	9.55
ROOM USE	1,260	2,755		106,149.09	38.53	.179	84.25	6.88
CROSSOVERS/ALL OTH OUTPTNT	1,253	6,130		180,864.96	29.50	.397	144.35	11.72
@COUNTY HOSPITAL TOTAL	1,474	16,933	\$	3,492,852.00	\$ 206.27	1.097	\$ 2369.64	\$ 226.35
CO HOSPITAL INPATIENT TOTAL	269	3,780		3,078,292.17	814.36	.245	11443.47	199.49
HSC HOSPITALS	247	2,674		2,782,443.89	1040.55	.173	11264.96	180.32
NON-HSC HOSPITALS TOTAL	23	836		258,992.38	309.80	.054	11260.54	16.78
ACCOMMODATIONS	23	836		190,602.90	227.99	.054	8287.08	12.35
ADMINISTRATIVE DAYS	23	836		190,602.90	227.99	.054	8287.08	12.35
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	23	0		68,389.48	.00	.000	2973.46	4.43
INPATIENT CROSSOVERS	13	270		36,855.90	136.50	.017	2835.07	2.39
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,344	13,153		414,559.83	31.52	.852	308.45	26.87
MEDICAL	932	2,022		85,031.37	42.05	.131	91.24	5.51
SURGERY	105	389		15,371.26	39.51	.025	146.39	1.00
PATHOLOGY	796	4,977		56,968.55	11.45	.323	71.57	3.69
RADIOLOGY	370	609		80,078.97	131.49	.039	216.43	5.19
ROOM USE	962	2,045		77,017.07	37.66	.133	80.06	4.99
CROSSOVERS/ALL OTH OUTPTNT	544	3,111		100,092.61	32.17	.202	183.99	6.49
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 11,715
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							

HEARING AID DISPENSERS	9	13	5,862.99	451.00	.001	651.44	.38
MEDICAL TRANSPORTATION	802	33,215	186,623.91	5.62	2.152	232.70	12.09
AMBULANCES/AIR TRANS	233	2,651	50,025.40	18.87	.172	214.70	3.24
OTHER TRANS	337	27,355	99,729.46	3.65	1.773	295.93	6.46
OTHER SERVICES	279	3,209	36,869.05	11.49	.208	132.15	2.39
ACUPUNCTURE	26	57	955.63	16.77	.004	36.76	.06
ADULT DAY HEALTH CARE CTR	42	628	41,928.90	66.77	.041	998.31	2.72
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	38	6,903	139,606.09	20.22	.447	3673.84	9.05
OCCUPATIONAL THERAPIST	2	232	537.82	2.32	.015	268.91	.03
OPTICIAN	397	949	12,135.94	12.79	.061	30.57	.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	20	41	719.02	17.54	.003	35.95	.05
PROSTHETIST/ORTHOTISTS	34	170	16,612.92	97.72	.011	488.62	1.08
PROSTHETICS	34	170	16,612.92	97.72	.011	488.62	1.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	4	18.09	4.52	.000	6.03	.00
SPEECH AND AUDIOLOGY	135	438	22,200.81	50.69	.028	164.45	1.44
HOSPICE SERVICES	29	641	72,106.50	112.49	.042	2486.43	4.67
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	166	1,780	19,359.61	10.88	.115	116.62	1.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,092	626,726	171,289.59	.27	40.615	156.86	11.10
@CALIF. CHILDREN SERVICES*	197	16,944	\$ 275,161.58	\$ 16.24	1.098	\$ 1396.76	\$ 17.83
@XOVER EXCLUDING STATE HOSP**	3,260	92,810	\$ 638,104.77	\$ 6.88	6.015	\$ 195.74	\$ 41.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 11,717
01/17/03

SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

154,404 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	89,051	434,566	\$ 28,520,055.79	\$ 65.63	2.814	\$ 320.27	\$ 184.71
@PHYSICIANS SERVICES	17,185	58,928	\$ 3,721,554.09	\$ 63.15	.382	\$ 216.56	\$ 24.10
OUTPATIENT VISITS	10,734	21,206	709,404.45	33.45	.137	66.09	4.59
OFFICE VISITS	5,517	7,115	243,951.82	34.29	.046	44.22	1.58
HOME VISITS	2	2	117.82	58.91	.000	58.91	.00
EMERGENCY ROOM	2,959	3,382	172,746.26	51.08	.022	58.38	1.12
PREVENTIVE CARE	42	46	1,796.77	39.06	.000	42.78	.01
OB VISITS/COMPRE PERI	2,300	9,954	269,295.32	27.05	.064	117.08	1.74
OTHER OUTPATIENT	583	707	21,496.46	30.41	.005	36.87	.14
INPATIENT VISITS	2,182	9,691	934,840.88	96.46	.063	428.43	6.05
HOSPITAL VISITS	1,855	5,346	256,374.82	47.96	.035	138.21	1.66
CRITICAL CARE	452	4,281	675,544.62	157.80	.028	1494.57	4.38
SNF/ICF/TRANS IP CARE	13	64	2,921.44	45.65	.000	224.73	.02
OPHTHALMOLOGICAL SERVICES	256	298	15,258.00	51.20	.002	59.60	.10
EXAMINATIONS	252	294	15,181.00	51.64	.002	60.24	.10
SERVICES AND MATERIALS	4	4	77.00	19.25	.000	19.25	.00
INPATIENT HOSPITAL SURGERY	2,049	6,964	1,257,783.02	180.61	.045	613.85	8.15
PRINCIPAL SURGEON	1,599	1,947	1,082,950.87	556.22	.013	677.27	7.01
ASSISTANT SURGEON	244	244	45,586.28	186.83	.002	186.83	.30
ANESTHESIOLOGIST	541	4,773	129,245.87	27.08	.031	238.90	.84
OUTPATIENT SURGERY	1,859	3,494	245,495.14	70.26	.023	132.06	1.59
PRINCIPAL SURGEON	1,714	2,195	208,327.87	94.91	.014	121.54	1.35
ASSISTANT SURGEON	11	11	1,618.54	147.14	.000	147.14	.01
ANESTHESIOLOGIST	328	1,288	35,548.73	27.60	.008	108.38	.23
DIALYSIS	35	101	12,172.23	120.52	.001	347.78	.08
PATHOLOGY	1,929	4,026	52,608.17	13.07	.026	27.27	.34
RADIOLOGY	2,991	5,307	244,078.74	45.99	.034	81.60	1.58
PSYCHIATRY	2	4	269.66	67.42	.000	134.83	.00
IMMUNIZATION AND INJECTION	411	1,880	79,422.47	42.25	.012	193.24	.51
OTHER SERVICES/ALL X-OVERS	2,409	5,957	170,221.33	28.58	.039	70.66	1.10
@PHARMACY	15,624	38,458	\$ 1,777,566.22	\$ 46.22	.249	\$ 113.77	\$ 11.51
PRESCRIPTION DRUGS	15,174	33,192	1,330,065.08	40.07	.215	87.65	8.61
SNF/ICF	16	59	6,426.07	108.92	.000	401.63	.04
OUTPATIENTS	15,159	33,133	1,323,639.01	39.95	.215	87.32	8.57
MEDICAL SUPPLIES	1,006	5,266	447,501.14	84.98	.034	444.83	2.90
@DENTIST	26,867	160,075	\$ 5,058,944.39	\$ 31.60	1.037	\$ 188.30	\$ 32.76
VISITS - DIAGNOSTIC	19,846	105,317	1,379,747.91	13.10	.682	69.52	8.94
ORAL SURGERY	4,491	8,893	487,234.95	54.79	.058	108.49	3.16
DRUGS	515	607	12,706.75	20.93	.004	24.67	.08
ANESTHESIA	198	205	18,175.00	88.66	.001	91.79	.12
PERIODONTICS	1,348	1,523	192,850.00	126.63	.010	143.06	1.25
ENDODONTICS	2,349	3,803	513,260.45	134.96	.025	218.50	3.32
RESTORATIVE DENTISTRY	10,829	36,838	2,204,071.05	59.83	.239	203.53	14.27
PROSTHETICS	101	110	2,440.00	22.18	.001	24.16	.02
DENTURES, STAYPLATES	388	1,290	128,432.00	99.56	.008	331.01	.83
SPACE MAINTAINERS	173	217	24,252.37	111.76	.001	140.19	.16
MAXILLOFACIAL SERVICES	87	101	15,284.49	151.33	.001	175.68	.10
FRACTURES, DISLOCATIONS	2	2	700.00	350.00	.000	350.00	.00
ORTHODONTIC SERVICES	837	1,027	79,219.42	77.14	.007	94.65	.51
ALL OTHER SERVICES	101	142	570.00	4.01	.001	5.64	.00

SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

154,404 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	690	2,004	\$ 46,204.57	\$ 23.06	.013	\$ 66.96	\$.30
DIAGNOSTIC AND ANC. PROCED	505	512	23,694.25	46.28	.003	46.92	.15
EYE APPLIANCES	508	1,489	22,478.76	15.10	.010	44.25	.15
OTHER OPTOMETRIC SERVICES	2	3	31.56	10.52	.000	15.78	.00
@CHIROPRACTOR	440	770	\$ 12,538.39	\$ 16.28	.005	\$ 28.50	\$.08
VISITS	438	763	12,504.55	16.39	.005	28.55	.08
OTHER SERVICES	2	7	33.84	4.83	.000	16.92	.00
@PODIATRIST	20	35	\$ 1,355.01	\$ 38.71	.000	\$ 67.75	\$.01
MEDICINE/INJECTIONS	18	19	739.48	38.92	.000	41.08	.00
SURGERY/ANES.	2	2	108.14	54.07	.000	54.07	.00
RADIO./PATHOLOGY	7	8	132.35	16.54	.000	18.91	.00
OTHER	2	6	375.04	62.51	.000	187.52	.00
@HOME HEALTH AGENCY	72	1,439	\$ 59,025.94	\$ 41.02	.009	\$ 819.80	\$.38
NURSE ANESTHESIST	1	3	71.85	23.95	.000	71.85	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	4	4	156.42	39.11	.000	39.11	.00
@TOTAL HOSPITAL	13,464	62,841	\$ 14,819,872.06	\$ 235.83	.407	\$ 1100.70	\$ 95.98
HOSP INPATIENT TOTAL	2,400	11,867	13,341,674.73	1124.27	.077	5559.03	86.41
HSC HOSPITALS	2,371	11,621	13,198,251.49	1135.72	.075	5566.53	85.48
NON-HSC HOSPITAL TOTAL	25	154	133,078.19	864.14	.001	5323.13	.86
ACCOMMODATIONS	25	154	62,157.90	403.62	.001	2486.32	.40
ADMINISTRATIVE DAYS	11	86	19,536.55	227.17	.001	1776.05	.13
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	14	68	42,621.35	626.78	.000	3044.38	.28
ANCILLARIES	25	0	70,920.29	.00	.000	2836.81	.46
INPATIENT CROSSOVERS	9	92	10,345.05	112.45	.001	1149.45	.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12,256	50,974	1,478,197.33	29.00	.330	120.61	9.57
MEDICAL	2,291	3,362	157,041.25	46.71	.022	68.55	1.02
SURGERY	614	864	44,718.69	51.76	.006	72.83	.29
PATHOLOGY	5,676	22,623	305,766.57	13.52	.147	53.87	1.98
RADIOLOGY	2,243	3,208	278,487.48	86.81	.021	124.16	1.80
ROOM USE	6,659	9,570	374,916.29	39.18	.062	56.30	2.43
CROSSOVERS/ALL OTH OUTPTNT	4,707	11,347	317,267.05	27.96	.073	67.40	2.05
@COUNTY HOSPITAL TOTAL	5,719	26,904	\$ 6,654,275.95	\$ 247.33	.174	\$ 1163.54	\$ 43.10
CO HOSPITAL INPATIENT TOTAL	1,311	5,728	5,971,599.86	1042.53	.037	4555.00	38.68
HSC HOSPITALS	1,308	5,672	5,956,369.41	1050.14	.037	4553.80	38.58
NON-HSC HOSPITALS TOTAL	6	56	15,230.45	271.97	.000	2538.41	.10
ACCOMMODATIONS	6	56	12,826.13	229.04	.000	2137.69	.08
ADMINISTRATIVE DAYS	6	56	12,826.13	229.04	.000	2137.69	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	6	0	2,404.32	.00	.000	400.72	.02
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5,166	21,176	682,676.09	32.24	.137	132.15	4.42
MEDICAL	1,418	2,152	88,162.85	40.97	.014	62.17	.57
SURGERY	258	401	21,752.22	54.24	.003	84.31	.14
PATHOLOGY	2,156	8,880	120,329.13	13.55	.058	55.81	.78
RADIOLOGY	942	1,263	126,245.25	99.96	.008	134.02	.82
ROOM USE	2,758	4,329	170,947.67	39.49	.028	61.98	1.11

154,404 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	8,148	35,937	\$ 8,165,596.11	\$ 227.22	.233	\$ 1002.16	\$ 52.88
COMM HOSP INPATIENT TOTAL	1,113	6,139	7,370,074.87	1200.53	.040	6621.81	47.73
HSC HOSPITALS	1,086	5,949	7,241,882.08	1217.33	.039	6668.40	46.90
NON-HSC HOSPITALS TOTAL	19	98	117,847.74	1202.53	.001	6202.51	.76
ACCOMMODATIONS	19	98	49,331.77	503.39	.001	2596.41	.32
ADMINISTRATIVE DAYS	5	30	6,710.42	223.68	.000	1342.08	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	14	68	42,621.35	626.78	.000	3044.38	.28
ANCILLARIES	19	0	68,515.97	.00	.000	3606.10	.44
INPATIENT CROSSEOVERS	9	92	10,345.05	112.45	.001	1149.45	.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7,407	29,798	795,521.24	26.70	.193	107.40	5.15
MEDICAL	902	1,210	68,878.40	56.92	.008	76.36	.45
SURGERY	365	463	22,966.47	49.60	.003	62.92	.15
PATHOLOGY	3,618	13,743	185,437.44	13.49	.089	51.25	1.20
RADIOLOGY	1,333	1,945	152,242.23	78.27	.013	114.21	.99
ROOM USE	4,036	5,241	203,968.62	38.92	.034	50.54	1.32
CROSSEOVERS/ALL OTH OUTPTNT	2,511	7,196	162,028.08	22.52	.047	64.53	1.05
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	260	\$ 133,506.82	\$ 513.49	.002	\$ 11125.57	\$.86
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	3	69	41,209.33	597.24	.000	13736.44	.27
LEV B-SUBACUTE HSPTL BASED	6	154	83,266.99	540.69	.001	13877.83	.54
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4	37	9,030.50	244.07	.000	2257.63	.06
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	38	339	\$ 102,078.84	\$ 301.12	.002	\$ 2686.29	\$.66
HOSPITAL BASED	20	129	92,550.15	717.44	.001	4627.51	.60
HEMODIALYSIS CENTER	18	210	9,528.69	45.37	.001	529.37	.06
@REHABILITATION FACILITY	101	817	\$ 17,971.68	\$ 22.00	.005	\$ 177.94	\$.12
HOSPITAL BASED	70	510	12,120.42	23.77	.003	173.15	.08
INDEPENDENT FACILITY	31	307	5,851.26	19.06	.002	188.75	.04
@LABORATORY FACILITY	1,856	5,924	\$ 76,391.88	\$ 12.90	.038	\$ 41.16	\$.49
PATHOLOGY	1,850	5,908	76,026.54	12.87	.038	41.10	.49
XO AND OTHERS	7	16	365.34	22.83	.000	52.19	.00
@ORGANIZED OUTPATIENT CLINIC	16,610	28,135	\$ 1,858,632.96	\$ 66.06	.182	\$ 111.90	\$ 12.04
CLINIC	1,217	5,885	148,667.65	25.26	.038	122.16	.96
SURGICENTER	16	80	3,676.37	45.95	.001	229.77	.02
HEROIN DETOX CLINIC	43	545	6,119.14	11.23	.004	142.31	.04
RURAL HEALTH CLINIC	15,353	21,625	1,700,169.80	78.62	.140	110.74	11.01
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES						

154,404 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	18,002	74,534	\$ 834,184.67	\$ 11.19	.483	\$ 46.34	\$ 5.40
DURABLE MED. EQUIP.	216	446	33,349.67	74.78	.003	154.40	.22
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	21	8,386.52	399.36	.000	838.65	.05
MEDICAL TRANSPORTATION	631	13,666	223,894.46	16.38	.089	354.82	1.45
AMBULANCES/AIR TRANS	603	9,580	148,402.02	15.49	.062	246.11	.96
OTHER TRANS	22	3,932	8,871.92	2.26	.025	403.27	.06
OTHER SERVICES	43	154	66,620.52	432.60	.001	1549.31	.43
ACUPUNCTURE	174	314	6,061.93	19.31	.002	34.84	.04
ADULT DAY HEALTH CARE CTR	2	34	2,272.35	66.83	.000	1136.18	.01
GENETIC DISEASE TESTING	1,549	1,558	132,387.75	84.97	.010	85.47	.86
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4,012	8,657	80,922.82	9.35	.056	20.17	.52
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.00
PROSTHETIST/ORTHOTISTS	74	153	15,397.41	100.64	.001	208.07	.10
PROSTHETICS	35	109	11,567.74	106.13	.001	330.51	.07
ORTHOTICS	44	44	3,829.67	87.04	.000	87.04	.02
PSYCHOLOGIST	1	2	76.02	38.01	.000	76.02	.00
SPEECH AND AUDIOLOGY	27	79	3,596.11	45.52	.001	133.19	.02
HOSPICE SERVICES	3	35	4,698.91	134.25	.000	1566.30	.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11,393	31,462	315,618.05	10.03	.204	27.70	2.04
EPSDT SUPPLEMENTAL SERVICE	3	3	810.00	270.00	.000	270.00	.01
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	56	18,102	6,652.41	.37	.117	118.79	.04
@CALIF. CHILDREN SERVICES*	2,200	80,892	\$ 7,541,554.93	\$ 93.23	.524	\$ 3427.98	\$ 48.84
@XOVER EXCLUDING STATE HOSP**	120	1,853	\$ 27,693.36	\$ 14.95	.012	\$ 230.78	\$.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
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205,925 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	133,101	2,655,223	\$ 111,285,373.17	\$ 41.91	12.894	\$ 836.10	\$ 540.42
@PHYSICIANS SERVICES	26,383	92,061	\$ 4,887,151.35	\$ 53.09	.447	\$ 185.24	\$ 23.73
OUTPATIENT VISITS	13,087	24,612	842,740.57	34.24	.120	64.40	4.09
OFFICE VISITS	7,332	9,689	330,599.76	34.12	.047	45.09	1.61
HOME VISITS	15	18	751.42	41.75	.000	50.09	.00
EMERGENCY ROOM	3,492	4,014	214,064.86	53.33	.019	61.30	1.04
PREVENTIVE CARE	42	46	1,796.77	39.06	.000	42.78	.01
OB VISITS/COMPRE PERI	2,302	9,960	269,492.31	27.06	.048	117.07	1.31
OTHER OUTPATIENT	703	885	26,035.45	29.42	.004	37.03	.13
INPATIENT VISITS	3,015	13,953	1,120,555.05	80.31	.068	371.66	5.44
HOSPITAL VISITS	2,319	8,254	372,597.18	45.14	.040	160.67	1.81
CRITICAL CARE	490	4,477	698,989.30	156.13	.022	1426.51	3.39
SNF/ICF/TRANS IP CARE	405	1,222	48,968.57	40.07	.006	120.91	.24
OPHTHALMOLOGICAL SERVICES	458	515	24,987.41	48.52	.003	54.56	.12

EXAMINATIONS	454	511	24,910.41	48.75	.002	54.87	.12
SERVICES AND MATERIALS	4	4	77.00	19.25	.000	19.25	.00
INPATIENT HOSPITAL SURGERY	2,330	9,134	1,435,600.78	157.17	.044	616.14	6.97
PRINCIPAL SURGEON	1,803	2,315	1,217,178.52	525.78	.011	675.09	5.91
ASSISTANT SURGEON	264	269	51,881.63	192.87	.001	196.52	.25
ANESTHESIOLOGIST	651	6,550	166,540.63	25.43	.032	255.82	.81
OUTPATIENT SURGERY	2,356	4,695	418,690.18	89.18	.023	177.71	2.03
PRINCIPAL SURGEON	2,126	2,744	361,091.93	131.59	.013	169.85	1.75
ASSISTANT SURGEON	21	21	3,847.51	183.21	.000	183.21	.02
ANESTHESIOLOGIST	461	1,930	53,750.74	27.85	.009	116.60	.26
DIALYSIS	124	472	42,250.01	89.51	.002	340.73	.21
PATHOLOGY	2,430	5,316	70,381.35	13.24	.026	28.96	.34
RADIOLOGY	4,030	8,179	393,820.09	48.15	.040	97.72	1.91
PSYCHIATRY	2	4	269.66	67.42	.000	134.83	.00
IMMUNIZATION AND INJECTION	546	2,431	97,709.41	40.19	.012	178.95	.47
OTHER SERVICES/ALL X-OVERS	8,493	22,750	440,146.84	19.35	.110	51.82	2.14
@PHARMACY	50,532	505,160	\$ 12,879,486.48	\$ 25.50	2.453	\$ 254.88	\$ 62.54
PRESCRIPTION DRUGS	49,685	214,312	12,102,160.72	56.47	1.041	243.58	58.77
SNF/ICF	14,668	93,911	4,861,560.25	51.77	.456	331.44	23.61
OUTPATIENTS	35,247	120,401	7,240,600.47	60.14	.585	205.42	35.16
MEDICAL SUPPLIES	4,116	290,848	777,325.76	2.67	1.412	188.85	3.77
@DENTIST	30,566	174,713	\$ 5,722,129.67	\$ 32.75	.848	\$ 187.21	\$ 27.79
VISITS - DIAGNOSTIC	22,570	114,319	1,512,075.15	13.23	.555	66.99	7.34
ORAL SURGERY	4,927	10,397	557,335.90	53.61	.050	113.12	2.71
DRUGS	527	619	12,871.75	20.79	.003	24.42	.06
ANESTHESIA	218	226	19,975.00	88.38	.001	91.63	.10
PERIODONTICS	1,570	1,774	228,545.00	128.83	.009	145.57	1.11
ENDODONTICS	2,429	3,899	534,200.45	137.01	.019	219.93	2.59
RESTORATIVE DENTISTRY	11,464	38,846	2,360,080.30	60.75	.189	205.87	11.46
PROSTHETICS	138	155	3,590.00	23.16	.001	26.01	.02
DENTURES, STAYPLATES	1,051	2,878	370,660.07	128.79	.014	352.67	1.80
SPACE MAINTAINERS	173	217	24,252.37	111.76	.001	140.19	.12

MAXILLOFACIAL SERVICES	92	106	16,102.86	151.91	.001	175.03	.08
FRACTURES, DISLOCATIONS	2	2	700.00	350.00	.000	350.00	.00
ORTHODONTIC SERVICES	841	1,031	79,359.42	76.97	.005	94.36	.39
ALL OTHER SERVICES	160	244	2,381.40	9.76	.001	14.88	.01

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SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	205,925 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,656		4,627	\$ 98,811.39	\$ 21.36	.022	\$ 59.67	\$.48
DIAGNOSTIC AND ANC. PROCED	751		760	35,083.11	46.16	.004	46.72	.17
EYE APPLIANCES	1,304		3,783	61,650.24	16.30	.018	47.28	.30
OTHER OPTOMETRIC SERVICES	74		84	2,078.04	24.74	.000	28.08	.01
@CHIROPRACTOR	459		800	\$ 13,035.49	\$ 16.29	.004	\$ 28.40	\$.06
VISITS	450		784	12,851.17	16.39	.004	28.56	.06
OTHER SERVICES	9		16	184.32	11.52	.000	20.48	.00
@PODIATRIST	1,771		2,419	\$ 26,764.14	\$ 11.06	.012	\$ 15.11	\$.13
MEDICINE/INJECTIONS	126		138	3,902.03	28.28	.001	30.97	.02
SURGERY/ANES.	4		5	625.00	125.00	.000	156.25	.00
RADIO./PATHOLOGY	11		12	180.59	15.05	.000	16.42	.00
OTHER	1,644		2,264	22,056.52	9.74	.011	13.42	.11
@HOME HEALTH AGENCY	221		12,520	\$ 382,093.32	\$ 30.52	.061	\$ 1728.93	\$ 1.86
NURSE ANESTHESIST	28		78	\$ 719.90	\$ 9.23	.000	\$ 25.71	\$.00
NURSE MIDWIFE	0		0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	8		8	213.27	26.66	.000	26.66	.00
@TOTAL HOSPITAL	18,890		104,565	\$ 22,149,176.11	\$ 211.82	.508	\$ 1172.53	\$ 107.56
HOSP INPATIENT TOTAL	3,313		22,009	19,737,800.64	896.81	.107	5957.68	95.85
HSC HOSPITALS	2,913		16,971	18,834,446.13	1109.80	.082	6465.65	91.46
NON-HSC HOSPITAL TOTAL	67		1,356	560,055.81	413.02	.007	8359.04	2.72
ACCOMMODATIONS	67		1,356	345,071.18	254.48	.007	5150.32	1.68
ADMINISTRATIVE DAYS	50		1,257	287,347.91	228.60	.006	5746.96	1.40
TRANSITIONAL IP CARE	0		0	75.51	.00	.000	.00	.00
ALL OTHER ACCOM	17		99	57,647.76	582.30	.000	3391.04	.28
ANCILLARIES	67		0	214,984.63	.00	.000	3208.73	1.04
INPATIENT CROSSOVERS	361		3,682	343,298.70	93.24	.018	950.97	1.67
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17,146		82,556	2,411,375.47	29.21	.401	140.64	11.71
MEDICAL	3,885		6,393	289,136.86	45.23	.031	74.42	1.40
SURGERY	879		1,467	74,640.87	50.88	.007	84.92	.36
PATHOLOGY	7,707		34,255	436,569.89	12.74	.166	56.65	2.12
RADIOLOGY	3,116		5,380	469,229.79	87.22	.026	150.59	2.28
ROOM USE	8,573		13,338	523,587.72	39.26	.065	61.07	2.54
CROSSOVERS/ALL OTH OUTPTNT	7,357		21,723	618,210.34	28.46	.105	84.03	3.00
@COUNTY HOSPITAL TOTAL	7,887		48,013	\$ 10,732,009.37	\$ 223.52	.233	\$ 1360.72	\$ 52.12
CO HOSPITAL INPATIENT TOTAL	1,657		10,228	9,536,529.75	932.39	.050	5755.30	46.31
HSC HOSPITALS	1,614		8,771	9,182,122.91	1046.87	.043	5689.05	44.59
NON-HSC HOSPITALS TOTAL	32		1,003	304,937.53	304.03	.005	9529.30	1.48
ACCOMMODATIONS	32		1,003	229,114.13	228.43	.005	7159.82	1.11
ADMINISTRATIVE DAYS	32		1,003	229,114.13	228.43	.005	7159.82	1.11
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	32		0	75,823.40	.00	.000	2369.48	.37
INPATIENT CROSSOVERS	29		454	49,469.31	108.96	.002	1705.84	.24
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	7,156	37,785	1,195,479.62	31.64	.183	167.06	5.81
MEDICAL	2,776	4,821	197,122.23	40.89	.023	71.01	.96
SURGERY	391	853	39,623.26	46.45	.004	101.34	.19
PATHOLOGY	3,253	15,108	192,672.35	12.75	.073	59.23	.94
RADIOLOGY	1,427	2,022	218,292.14	107.96	.010	152.97	1.06
ROOM USE	4,183	7,048	273,604.43	38.82	.034	65.41	1.33
CROSSOVERS/ALL OTH OUTPTNT	3,031	7,933	274,165.21	34.56	.039	90.45	1.33

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	205,925 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,670	56,552	\$	11,417,166.74	\$ 201.89	.275	\$ 978.33	\$ 55.44
COMM HOSP INPATIENT TOTAL	1,703	11,781		10,201,270.89	865.91	.057	5990.18	49.54
HSC HOSPITALS	1,344	8,200		9,652,323.22	1177.11	.040	7181.79	46.87
NON-HSC HOSPITALS TOTAL	35	353		255,118.28	722.71	.002	7289.09	1.24
ACCOMMODATIONS	35	353		115,957.05	328.49	.002	3313.06	.56
ADMINISTRATIVE DAYS	18	254		58,233.78	229.27	.001	3235.21	.28
TRANSITIONAL IP CARE	0	0		75.51	.00	.000	.00	.00
ALL OTHER ACCOM	17	99		57,647.76	582.30	.000	3391.04	.28
ANCILLARIES	35	0		139,161.23	.00	.000	3976.04	.68
INPATIENT CROSSOVERS	332	3,228		293,829.39	91.03	.016	885.03	1.43
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,523	44,771		1,215,895.85	27.16	.217	115.55	5.90
MEDICAL	1,164	1,572		92,014.63	58.53	.008	79.05	.45
SURGERY	503	614		35,017.61	57.03	.003	69.62	.17
PATHOLOGY	4,623	19,147		243,897.54	12.74	.093	52.76	1.18
RADIOLOGY	1,749	3,358		250,937.65	74.73	.016	143.47	1.22
ROOM USE	4,627	6,290		249,983.29	39.74	.031	54.03	1.21
CROSSOVERS/ALL OTH OUTPTNT	4,420	13,790		344,045.13	24.95	.067	77.84	1.67
@STATE HOSPITAL	12	302	\$	127,159.29	\$ 421.06	.001	\$ 10596.61	\$.62
MENTALLY ILL	2	0		3,651.95	.00	.000	1825.98	.02
DEVELOP. DISABLED	10	302		123,507.34	408.96	.001	12350.73	.60
@NURSING FACILITY	16,700	503,115	\$	54,429,546.92	\$ 108.19	2.443	\$ 3259.25	\$ 264.32
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	200	6,550		692,636.15	105.75	.032	3463.18	3.36
LEV B-SUBACUTE FREESTANDING	3	69		41,209.33	597.24	.000	13736.44	.20
LEV B-SUBACUTE HSPTL BASED	393	13,800		7,360,376.70	533.36	.067	18728.69	35.74
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	16,223	482,696		46,335,324.74	95.99	2.344	2856.15	225.01
@INTERMEDIATE CARE FACIL.-DD	1,086	32,698	\$	4,653,839.28	\$ 142.33	.159	\$ 4285.30	\$ 22.60
ICF DDH	791	23,841		3,198,011.11	134.14	.116	4043.00	15.53
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	295	8,857		1,455,828.17	164.37	.043	4935.01	7.07
@HEMODIALYSIS TOTAL	509	2,571	\$	663,751.62	\$ 258.17	.012	\$ 1304.03	\$ 3.22
HOSPITAL BASED	79	659		380,461.23	577.33	.003	4815.96	1.85
HEMODIALYSIS CENTER	430	1,912		283,290.39	148.16	.009	658.81	1.38
@REHABILITATION FACILITY	184	1,419	\$	29,686.78	\$ 20.92	.007	\$ 161.34	\$.14
HOSPITAL BASED	123	901		19,740.82	21.91	.004	160.49	.10
INDEPENDENT FACILITY	61	518		9,945.96	19.20	.003	163.05	.05
@LABORATORY FACILITY	2,374	9,245	\$	102,491.23	\$ 11.09	.045	\$ 43.17	\$.50
PATHOLOGY	2,184	8,763		97,866.85	11.17	.043	44.81	.48
XO AND OTHERS	191	482		4,624.38	9.59	.002	24.21	.02
@ORGANIZED OUTPATIENT CLINIC	17,452	30,238	\$	1,995,779.92	\$ 66.00	.147	\$ 114.36	\$ 9.69
CLINIC	1,273	6,313		157,805.12	25.00	.031	123.96	.77

SURGICENTER	93	636	43,321.07	68.11	.003	465.82	.21
HEROIN DETOX CLINIC	50	639	7,186.97	11.25	.003	143.74	.03
RURAL HEALTH CLINIC	16,064	22,650	1,787,466.76	78.92	.110	111.27	8.68

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
205,925 ELIGIBLES							
@ALL OTHER PROVIDERS	25,832	1,178,684	\$ 3,123,537.01	\$ 2.65	5.724	\$ 120.92	\$ 15.17
DURABLE MED. EQUIP.	934	5,014	501,764.17	100.07	.024	537.22	2.44
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	62	91	29,809.06	327.57	.000	480.79	.14
MEDICAL TRANSPORTATION	3,541	98,733	692,226.40	7.01	.479	195.49	3.36
AMBULANCES/AIR TRANS	1,047	14,213	228,124.69	16.05	.069	217.88	1.11
OTHER TRANS	1,510	73,511	294,077.22	4.00	.357	194.75	1.43
OTHER SERVICES	1,198	11,009	170,024.49	15.44	.053	141.92	.83
ACUPUNCTURE	243	478	8,820.66	18.45	.002	36.30	.04
ADULT DAY HEALTH CARE CTR	139	2,280	151,832.81	66.59	.011	1092.32	.74
GENETIC DISEASE TESTING	1,550	1,559	132,492.75	84.99	.008	85.48	.64
IHMC, MODEL-NF, NF, AIDS, MSSP	102	15,274	337,137.78	22.07	.074	3305.27	1.64
OCCUPATIONAL THERAPIST	2	232	537.82	2.32	.001	268.91	.00
OPTICIAN	5,117	11,293	116,205.42	10.29	.055	22.71	.56
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.00
PORTABLE X-RAY	78	169	1,881.06	11.13	.001	24.12	.01
PROSTHETIST/ORTHOTISTS	127	371	33,153.24	89.36	.002	261.05	.16
PROSTHETICS	87	326	29,289.07	89.84	.002	336.66	.14
ORTHOTICS	45	45	3,864.17	85.87	.000	85.87	.02
PSYCHOLOGIST	13	15	162.04	10.80	.000	12.46	.00
SPEECH AND AUDIOLOGY	616	1,492	85,700.41	57.44	.007	139.12	.42
HOSPICE SERVICES	158	4,464	386,394.16	86.56	.022	2445.53	1.88
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11,562	33,270	335,199.00	10.08	.162	28.99	1.63
EPSDT SUPPLEMENTAL SERVICE	3	3	810.00	270.00	.000	270.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,617	1,003,945	309,375.39	.31	4.875	118.22	1.50
@CALIF. CHILDREN SERVICES*	2,400	97,844	\$ 7,817,372.50	\$ 79.90	.475	\$ 3257.24	\$ 37.96
@XOVER EXCLUDING STATE HOSP**	11,882	417,388	\$ 2,513,717.33	\$ 6.02	2.027	\$ 211.56	\$ 12.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,725
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
16,373 ELIGIBLES							
@TOTAL, ALL PROVIDERS	6,576	173,842	\$ 1,779,351.48	\$ 10.24	10.618	\$ 270.58	\$ 108.68
@PHYSICIANS SERVICES	2,064	5,212	\$ 209,568.37	\$ 40.21	.318	\$ 101.54	\$ 12.80
OUTPATIENT VISITS	1,591	2,332	77,159.78	33.09	.142	48.50	4.71
OFFICE VISITS	1,184	1,555	47,424.04	30.50	.095	40.05	2.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	280	308	15,329.54	49.77	.019	54.75	.94
PREVENTIVE CARE	6	6	257.98	43.00	.000	43.00	.02
OB VISITS/COMPRE PERI	77	306	9,890.06	32.32	.019	128.44	.60

OTHER OUTPATIENT	126	157		4,258.16	27.12	.010	33.79	.26
INPATIENT VISITS	102	455		35,429.11	77.87	.028	347.34	2.16
HOSPITAL VISITS	85	259		11,662.10	45.03	.016	137.20	.71
CRITICAL CARE	20	194		23,641.11	121.86	.012	1182.06	1.44
SNF/ICF/TRANS IP CARE	1	2		125.90	62.95	.000	125.90	.01
OPHTHALMOLOGICAL SERVICES	55	65		3,080.22	47.39	.004	56.00	.19
EXAMINATIONS	54	64		3,055.22	47.74	.004	56.58	.19
SERVICES AND MATERIALS	1	1		25.00	25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	61	272		40,257.01	148.00	.017	659.95	2.46
PRINCIPAL SURGEON	51	71		34,709.46	488.87	.004	680.58	2.12
ASSISTANT SURGEON	6	6		1,185.66	197.61	.000	197.61	.07
ANESTHESIOLOGIST	20	195		4,361.89	22.37	.012	218.09	.27
OUTPATIENT SURGERY	137	267		20,762.40	77.76	.016	151.55	1.27
PRINCIPAL SURGEON	124	157		17,504.21	111.49	.010	141.16	1.07
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	27	110		3,258.19	29.62	.007	120.67	.20
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	151	265		1,926.83	7.27	.016	12.76	.12
RADIOLOGY	248	379		13,201.97	34.83	.023	53.23	.81
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	51	76		2,434.85	32.04	.005	47.74	.15
OTHER SERVICES/ALL X-OVERS	290	1,101		15,316.20	13.91	.067	52.81	.94
@PHARMACY	2,544	6,513	\$	343,807.73	\$ 52.79	.398	\$ 135.14	\$ 21.00
PRESCRIPTION DRUGS	2,516	5,291		326,188.23	61.65	.323	129.65	19.92
SNF/ICF	1	5		371.22	74.24	.000	371.22	.02
OUTPATIENTS	2,515	5,286		325,817.01	61.64	.323	129.55	19.90
MEDICAL SUPPLIES	83	1,222		17,619.50	14.42	.075	212.28	1.08
@DENTIST	1,239	7,435	\$	217,982.56	\$ 29.32	.454	\$ 175.93	\$ 13.31
VISITS - DIAGNOSTIC	926	5,063		70,640.64	13.95	.309	76.29	4.31
ORAL SURGERY	184	370		26,556.75	71.78	.023	144.33	1.62
DRUGS	38	44		965.00	21.93	.003	25.39	.06
ANESTHESIA	12	12		1,100.00	91.67	.001	91.67	.07
PERIODONTICS	30	38		3,723.50	97.99	.002	124.12	.23
ENDODONTICS	100	195		19,749.50	101.28	.012	197.50	1.21
RESTORATIVE DENTISTRY	443	1,572		83,187.00	52.92	.096	187.78	5.08
PROSTHETICS	2	2		60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	4	6		697.00	116.17	.000	174.25	.04
MAXILLOFACIAL SERVICES	7	7		488.17	69.74	.000	69.74	.03
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	90	120		10,815.00	90.13	.007	120.17	.66
ALL OTHER SERVICES	5	6		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 11,726
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82							

				----- MONTHLY AVERAGE -----				
16,373 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	141	388	\$ 8,687.11	\$ 22.39	.024	\$ 61.61	\$.53	
DIAGNOSTIC AND ANC. PROCED	97	97	4,546.33	46.87	.006	46.87	.28	
EYE APPLIANCES	104	291	4,140.78	14.23	.018	39.82	.25	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	51	93	\$ 1,541.65	\$ 16.58	.006	\$ 30.23	\$.09	
VISITS	51	93	1,541.65	16.58	.006	30.23	.09	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	21	33	\$ 815.19	\$ 24.70	.002	\$ 38.82	\$.05	

MEDICINE/INJECTIONS	19	29		724.57	24.99	.002	38.14	.04
SURGERY/ANES.	2	2		56.02	28.01	.000	28.01	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	18	1,353	\$	39,730.39	\$ 29.36	.083	\$ 2207.24	\$ 2.43
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	9	12	\$	376.49	\$ 31.37	.001	\$ 41.83	\$.02
@TOTAL HOSPITAL	1,167	4,314	\$	762,150.43	\$ 176.67	.263	\$ 653.09	\$ 46.55
HOSP INPATIENT TOTAL	101	630		661,439.61	1049.90	.038	6548.91	40.40
HSC HOSPITALS	98	603		631,112.33	1046.62	.037	6439.92	38.55
NON-HSC HOSPITAL TOTAL	3	27		30,327.28	1123.23	.002	10109.09	1.85
ACCOMMODATIONS	3	27		9,434.92	349.44	.002	3144.97	.58
ADMINISTRATIVE DAYS	1	17		3,932.10	231.30	.001	3932.10	.24
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10		5,502.82	550.28	.001	2751.41	.34
ANCILLARIES	3	0		20,892.36	.00	.000	6964.12	1.28
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,096	3,684		100,710.82	27.34	.225	91.89	6.15
MEDICAL	244	336		11,621.33	34.59	.021	47.63	.71
SURGERY	62	73		4,042.12	55.37	.004	65.20	.25
PATHOLOGY	476	1,555		20,334.40	13.08	.095	42.72	1.24
RADIOLOGY	200	264		14,481.60	54.85	.016	72.41	.88
ROOM USE	655	856		33,734.34	39.41	.052	51.50	2.06
CROSSOVERS/ALL OTH OUTPTNT	302	600		16,497.03	27.50	.037	54.63	1.01
@COUNTY HOSPITAL TOTAL	339	1,578	\$	458,632.63	\$ 290.64	.096	\$ 1352.90	\$ 28.01
CO HOSPITAL INPATIENT TOTAL	54	400		419,272.21	1048.18	.024	7764.30	25.61
HSC HOSPITALS	54	400		419,272.21	1048.18	.024	7764.30	25.61
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	304	1,178	39,360.42	33.41	.072	129.48	2.40
MEDICAL	112	170	6,064.92	35.68	.010	54.15	.37
SURGERY	18	27	1,713.85	63.48	.002	95.21	.10
PATHOLOGY	122	448	6,173.24	13.78	.027	50.60	.38
RADIOLOGY	58	78	5,226.79	67.01	.005	90.12	.32
ROOM USE	176	254	10,199.76	40.16	.016	57.95	.62
CROSSOVERS/ALL OTH OUTPTNT	121	201	9,981.86	49.66	.012	82.49	.61
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024 FEE-FOR-SERVICE/DENTAL							
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82							
----- MONTHLY AVERAGE -----							
16,373 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	860	2,736	\$ 303,517.80	\$ 110.93	.167	\$ 352.93	\$ 18.54
COMM HOSP INPATIENT TOTAL	48	230	242,167.40	1052.90	.014	5045.15	14.79
HSC HOSPITALS	45	203	211,840.12	1043.55	.012	4707.56	12.94
NON-HSC HOSPITALS TOTAL	3	27	30,327.28	1123.23	.002	10109.09	1.85
ACCOMMODATIONS	3	27	9,434.92	349.44	.002	3144.97	.58
ADMINISTRATIVE DAYS	1	17	3,932.10	231.30	.001	3932.10	.24
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	5,502.82	550.28	.001	2751.41	.34
ANCILLARIES	3	0	20,892.36	.00	.000	6964.12	1.28
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	821	2,506	61,350.40	24.48	.153	74.73	3.75
MEDICAL	136	166	5,556.41	33.47	.010	40.86	.34
SURGERY	45	46	2,328.27	50.61	.003	51.74	.14
PATHOLOGY	361	1,107	14,161.16	12.79	.068	39.23	.86
RADIOLOGY	146	186	9,254.81	49.76	.011	63.39	.57
ROOM USE	494	602	23,534.58	39.09	.037	47.64	1.44
CROSSOVERS/ALL OTH OUTPTNT	185	399	6,515.17	16.33	.024	35.22	.40
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	75	\$ 40,002.74	\$ 533.37	.005	\$ 20001.37	\$ 2.44
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	75	40,002.74	533.37	.005	20001.37	2.44
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	14	43	\$ 1,126.22	\$ 26.19	.003	\$ 80.44	\$.07
HOSPITAL BASED	8	13	596.59	45.89	.001	74.57	.04

INDEPENDENT FACILITY	6	30		529.63		17.65	.002	88.27	.03
@LABORATORY FACILITY	83	262	\$	3,329.09	\$	12.71	.016	40.11	.20
PATHOLOGY	83	262		3,329.09		12.71	.016	40.11	.20
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	552	978	\$	68,684.57	\$	70.23	.060	124.43	4.19
CLINIC	77	282		6,969.05		24.71	.017	90.51	.43
SURGICENTER	5	22		750.61		34.12	.001	150.12	.05
HEROIN DETOX CLINIC	3	38		427.36		11.25	.002	142.45	.03
RURAL HEALTH CLINIC	468	636		60,537.55		95.18	.039	129.35	3.70

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,728
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

	16,373 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	766		147,131	\$ 81,548.94	\$.55	8.986	\$ 106.46	\$ 4.98
DURABLE MED. EQUIP.	44		102	15,722.79	154.15	.006	357.34	.96
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	50		520	10,318.37	19.84	.032	206.37	.63
AMBULANCES/AIR TRANS	50		520	10,286.35	19.78	.032	205.73	.63
OTHER TRANS	0		0	32.02	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	1		1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	51		51	4,501.00	88.25	.003	88.25	.27
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	208		470	4,249.29	9.04	.029	20.43	.26
PHYSICAL THERAPIST	2		10	202.92	20.29	.001	101.46	.01
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6		16	769.17	48.07	.001	128.20	.05
PROSTHETICS	6		15	680.48	45.37	.001	113.41	.04
ORTHOTICS	1		1	88.69	88.69	.000	88.69	.01
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10		23	2,164.15	94.09	.001	216.42	.13
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	290		1,808	18,835.12	10.42	.110	64.95	1.15
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	128		144,130	24,759.10	.17	8.803	193.43	1.51
@CALIF. CHILDREN SERVICES*	262		47,318	\$ 372,636.51	\$ 7.88	2.890	\$ 1422.28	\$ 22.76
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,729
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 45 MIC - SOC	

	141 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	235		2,002	\$ 217,368.81	\$ 108.58	14.199	\$ 924.97	\$ 1541.62
@PHYSICIANS SERVICES	102		354	\$ 22,068.17	\$ 62.34	2.511	\$ 216.35	\$ 156.51

OUTPATIENT VISITS	51	63		3,204.19		50.86	.447	62.83	22.72
OFFICE VISITS	14	19		681.84		35.89	.135	48.70	4.84
HOME VISITS	4	4		137.20		34.30	.028	34.30	.97
EMERGENCY ROOM	32	37		2,171.54		58.69	.262	67.86	15.40
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2		186.79		93.40	.014	186.79	1.32
OTHER OUTPATIENT	1	1		26.82		26.82	.007	26.82	.19
INPATIENT VISITS	11	72		6,575.37		91.32	.511	597.76	46.63
HOSPITAL VISITS	11	48		2,454.45		51.13	.340	223.13	17.41
CRITICAL CARE	3	24		4,120.92		171.71	.170	1373.64	29.23
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4		174.15		43.54	.028	43.54	1.24
EXAMINATIONS	4	4		174.15		43.54	.028	43.54	1.24
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	14	66		3,807.52		57.69	.468	271.97	27.00
PRINCIPAL SURGEON	7	7		2,387.62		341.09	.050	341.09	16.93
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	7	59		1,419.90		24.07	.418	202.84	10.07
OUTPATIENT SURGERY	20	33		2,749.37		83.31	.234	137.47	19.50
PRINCIPAL SURGEON	19	20		2,491.30		124.57	.142	131.12	17.67
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	2	13		258.07		19.85	.092	129.04	1.83
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	13	31		203.17		6.55	.220	15.63	1.44
RADIOLOGY	25	41		1,383.56		33.75	.291	55.34	9.81
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	44		3,970.84		90.25	.312	189.09	28.16
@PHARMACY	27	63	\$	2,124.52	\$	33.72	.447	78.69	15.07
PRESCRIPTION DRUGS	26	61		2,118.46		34.73	.433	81.48	15.02
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	26	61		2,118.46		34.73	.433	81.48	15.02
MEDICAL SUPPLIES	1	2		6.06		3.03	.014	6.06	.04
@DENTIST	37	201	\$	3,391.00	\$	16.87	1.426	91.65	24.05
VISITS - DIAGNOSTIC	29	109		565.00		5.18	.773	19.48	4.01
ORAL SURGERY	5	14		910.00		65.00	.099	182.00	6.45
DRUGS	2	2		30.00		15.00	.014	15.00	.21
ANESTHESIA	2	2		135.00		67.50	.014	67.50	.96
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	4	9		402.00		44.67	.064	100.50	2.85
RESTORATIVE DENTISTRY	17	62		1,349.00		21.76	.440	79.35	9.57
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2		.00		.00	.014	.00	.00
ALL OTHER SERVICES	1	1		.00		.00	.007	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 11,730
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 45 MIC - SOC								
	AID CODE								

EYE APPLIANCES	3	9	128.55	14.28	.064	42.85	.91
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	114	532	\$ 135,410.69	\$ 254.53	3.773	\$ 1187.81	\$ 960.36
HOSP INPATIENT TOTAL	30	132	122,928.27	931.27	.936	4097.61	871.83
HSC HOSPITALS	30	132	122,928.27	931.27	.936	4097.61	871.83
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	87	400	12,482.42	31.21	2.837	143.48	88.53
MEDICAL	26	34	1,270.01	37.35	.241	48.85	9.01
SURGERY	11	11	641.31	58.30	.078	58.30	4.55
PATHOLOGY	34	149	1,607.28	10.79	1.057	47.27	11.40
RADIOLOGY	22	32	3,517.04	109.91	.227	159.87	24.94
ROOM USE	60	70	2,818.26	40.26	.496	46.97	19.99
CROSSOVERS/ALL OTH OUTPTNT	44	104	2,628.52	25.27	.738	59.74	18.64
@COUNTY HOSPITAL TOTAL	47	170	\$ 37,364.29	\$ 219.79	1.206	\$ 794.98	\$ 264.99
CO HOSPITAL INPATIENT TOTAL	14	45	31,736.00	705.24	.319	2266.86	225.08
HSC HOSPITALS	14	45	31,736.00	705.24	.319	2266.86	225.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	34	125	5,628.29	45.03	.887	165.54	39.92
MEDICAL	15	18	976.56	54.25	.128	65.10	6.93
SURGERY	6	6	506.49	84.42	.043	84.42	3.59
PATHOLOGY	8	16	223.49	13.97	.113	27.94	1.59
RADIOLOGY	9	14	2,131.28	152.23	.099	236.81	15.12
ROOM USE	24	32	1,407.33	43.98	.227	58.64	9.98
CROSSOVERS/ALL OTH OUTPTNT	18	39	383.14	9.82	.277	21.29	2.72

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

----- MONTHLY AVERAGE -----
141 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	67	362	\$	98,046.40	\$ 270.85	2.567	\$ 1463.38	\$ 695.36
COMM HOSP INPATIENT TOTAL	16	87		91,192.27	1048.19	.617	5699.52	646.75
HSC HOSPITALS	16	87		91,192.27	1048.19	.617	5699.52	646.75
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	53	275		6,854.13	24.92	1.950	129.32	48.61
MEDICAL	11	16		293.45	18.34	.113	26.68	2.08
SURGERY	5	5		134.82	26.96	.035	26.96	.96
PATHOLOGY	26	133		1,383.79	10.40	.943	53.22	9.81
RADIOLOGY	13	18		1,385.76	76.99	.128	106.60	9.83
ROOM USE	36	38		1,410.93	37.13	.270	39.19	10.01
CROSSOVERS/ALL OTH OUTPTNT	26	65		2,245.38	34.54	.461	86.36	15.92
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	9	199	\$	29,522.39	\$ 148.35	1.411	\$ 3280.27	\$ 209.38
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	9	199		29,522.39		148.35	1.411	3280.27	209.38
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	5	34	\$	644.89	\$	18.97	.241	\$ 128.98	\$ 4.57
HOSPITAL BASED	1	4		62.39		15.60	.028	62.39	.44
INDEPENDENT FACILITY	4	30		582.50		19.42	.213	145.63	4.13
@LABORATORY FACILITY	3	49	\$	166.78	\$	3.40	.348	\$ 55.59	\$ 1.18
PATHOLOGY	3	49		166.78		3.40	.348	55.59	1.18
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	21	\$	846.66	\$	40.32	.149	\$ 141.11	\$ 6.00
CLINIC	3	16		367.06		22.94	.113	122.35	2.60
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	3	5		479.60		95.92	.035	159.87	3.40

#CALIF DEPT OF HEALTH SERV MOP024
SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 45 MIC - SOC

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						AID CODE		----- MONTHLY AVERAGE -----	
141 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	17	538	\$ 22,970.26	\$ 42.70	3.816	\$ 1351.19	\$ 162.91		
DURABLE MED. EQUIP.	4	25	18,272.95	730.92	.177	4568.24	129.60		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	5	163	3,815.21	23.41	1.156	763.04	27.06		
AMBULANCES/AIR TRANS	5	162	2,015.21	12.44	1.149	403.04	14.29		
OTHER TRANS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	1	1	1,800.00	1800.00	.007	1800.00	12.77		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	2	4	33.28	8.32	.028	16.64	.24		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00		
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	5	58	622.39	10.73	.411	124.48	4.41		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	2	288	226.43	.79	2.043	113.22	1.61		
@CALIF. CHILDREN SERVICES*	35	1,308	\$ 94,995.00	\$ 72.63	9.277	\$ 2714.14	\$ 673.72		
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00		

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

16,514 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,811	175,844	\$ 1,996,720.29	\$ 11.36	10.648	\$ 293.16	\$ 120.91
@PHYSICIANS SERVICES	2,166	5,566	\$ 231,636.54	\$ 41.62	.337	\$ 106.94	\$ 14.03
OUTPATIENT VISITS	1,642	2,395	80,363.97	33.55	.145	48.94	4.87
OFFICE VISITS	1,198	1,574	48,105.88	30.56	.095	40.16	2.91
HOME VISITS	4	4	137.20	34.30	.000	34.30	.01
EMERGENCY ROOM	312	345	17,501.08	50.73	.021	56.09	1.06
PREVENTIVE CARE	6	6	257.98	43.00	.000	43.00	.02
OB VISITS/COMPRE PERI	78	308	10,076.85	32.72	.019	129.19	.61
OTHER OUTPATIENT	127	158	4,284.98	27.12	.010	33.74	.26
INPATIENT VISITS	113	527	42,004.48	79.70	.032	371.72	2.54
HOSPITAL VISITS	96	307	14,116.55	45.98	.019	147.05	.85
CRITICAL CARE	23	218	27,762.03	127.35	.013	1207.04	1.68
SNF/ICF/TRANS IP CARE	1	2	125.90	62.95	.000	125.90	.01
OPHTHALMOLOGICAL SERVICES	59	69	3,254.37	47.16	.004	55.16	.20
EXAMINATIONS	58	68	3,229.37	47.49	.004	55.68	.20
SERVICES AND MATERIALS	1	1	25.00	25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	75	338	44,064.53	130.37	.020	587.53	2.67
PRINCIPAL SURGEON	58	78	37,097.08	475.60	.005	639.60	2.25
ASSISTANT SURGEON	6	6	1,185.66	197.61	.000	197.61	.07
ANESTHESIOLOGIST	27	254	5,781.79	22.76	.015	214.14	.35
OUTPATIENT SURGERY	157	300	23,511.77	78.37	.018	149.76	1.42
PRINCIPAL SURGEON	143	177	19,995.51	112.97	.011	139.83	1.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	29	123	3,516.26	28.59	.007	121.25	.21
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	164	296	2,130.00	7.20	.018	12.99	.13
RADIOLOGY	273	420	14,585.53	34.73	.025	53.43	.88
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	51	76	2,434.85	32.04	.005	47.74	.15
OTHER SERVICES/ALL X-OVERS	311	1,145	19,287.04	16.84	.069	62.02	1.17
@PHARMACY	2,571	6,576	\$ 345,932.25	\$ 52.61	.398	\$ 134.55	\$ 20.95
PRESCRIPTION DRUGS	2,542	5,352	328,306.69	61.34	.324	129.15	19.88
SNF/ICF	1	5	371.22	74.24	.000	371.22	.02
OUTPATIENTS	2,541	5,347	327,935.47	61.33	.324	129.06	19.86
MEDICAL SUPPLIES	84	1,224	17,625.56	14.40	.074	209.83	1.07
@DENTIST	1,276	7,636	\$ 221,373.56	\$ 28.99	.462	\$ 173.49	\$ 13.41
VISITS - DIAGNOSTIC	955	5,172	71,205.64	13.77	.313	74.56	4.31
ORAL SURGERY	189	384	27,466.75	71.53	.023	145.33	1.66
DRUGS	40	46	995.00	21.63	.003	24.88	.06
ANESTHESIA	14	14	1,235.00	88.21	.001	88.21	.07
PERIODONTICS	30	38	3,723.50	97.99	.002	124.12	.23
ENDODONTICS	104	204	20,151.50	98.78	.012	193.76	1.22
RESTORATIVE DENTISTRY	460	1,634	84,536.00	51.74	.099	183.77	5.12
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	4	6	697.00	116.17	.000	174.25	.04
MAXILLOFACIAL SERVICES	7	7	488.17	69.74	.000	69.74	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	92	122	10,815.00	88.65	.007	117.55	.65
ALL OTHER SERVICES	6	7	.00	.00	.000	.00	.00

SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

16,514 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	145	399	\$ 8,910.56	\$ 22.33	.024	\$ 61.45	\$.54
DIAGNOSTIC AND ANC. PROCED	99	99	4,641.23	46.88	.006	46.88	.28
EYE APPLIANCES	107	300	4,269.33	14.23	.018	39.90	.26
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	51	93	\$ 1,541.65	\$ 16.58	.006	\$ 30.23	\$.09
VISITS	51	93	1,541.65	16.58	.006	30.23	.09
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	21	33	\$ 815.19	\$ 24.70	.002	\$ 38.82	\$.05
MEDICINE/INJECTIONS	19	29	724.57	24.99	.002	38.14	.04
SURGERY/ANES.	2	2	56.02	28.01	.000	28.01	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	18	1,353	\$ 39,730.39	\$ 29.36	.082	\$ 2207.24	\$ 2.41
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	9	12	\$ 376.49	\$ 31.37	.001	\$ 41.83	\$.02
@TOTAL HOSPITAL	1,281	4,846	\$ 897,561.12	\$ 185.22	.293	\$ 700.67	\$ 54.35
HOSP INPATIENT TOTAL	131	762	784,367.88	1029.35	.046	5987.54	47.50
HSC HOSPITALS	128	735	754,040.60	1025.91	.045	5890.94	45.66
NON-HSC HOSPITAL TOTAL	3	27	30,327.28	1123.23	.002	10109.09	1.84
ACCOMMODATIONS	3	27	9,434.92	349.44	.002	3144.97	.57
ADMINISTRATIVE DAYS	1	17	3,932.10	231.30	.001	3932.10	.24
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	5,502.82	550.28	.001	2751.41	.33
ANCILLARIES	3	0	20,892.36	.00	.000	6964.12	1.27
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,183	4,084	113,193.24	27.72	.247	95.68	6.85
MEDICAL	270	370	12,891.34	34.84	.022	47.75	.78
SURGERY	73	84	4,683.43	55.76	.005	64.16	.28
PATHOLOGY	510	1,704	21,941.68	12.88	.103	43.02	1.33
RADIOLOGY	222	296	17,998.64	60.81	.018	81.07	1.09
ROOM USE	715	926	36,552.60	39.47	.056	51.12	2.21
CROSSOVERS/ALL OTH OUTPTNT	346	704	19,125.55	27.17	.043	55.28	1.16
@COUNTY HOSPITAL TOTAL	386	1,748	\$ 495,996.92	\$ 283.75	.106	\$ 1284.97	\$ 30.03
CO HOSPITAL INPATIENT TOTAL	68	445	451,008.21	1013.50	.027	6632.47	27.31
HSC HOSPITALS	68	445	451,008.21	1013.50	.027	6632.47	27.31
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	338	1,303	44,988.71	34.53	.079	133.10	2.72
MEDICAL	127	188	7,041.48	37.45	.011	55.44	.43
SURGERY	24	33	2,220.34	67.28	.002	92.51	.13
PATHOLOGY	130	464	6,396.73	13.79	.028	49.21	.39
RADIOLOGY	67	92	7,358.07	79.98	.006	109.82	.45
ROOM USE	200	286	11,607.09	40.58	.017	58.04	.70

16,514 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	----- MONTHLY AVERAGE -----	
						COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	927	3,098	\$ 401,564.20	\$ 129.62	.188	\$ 433.19	\$ 24.32
COMM HOSP INPATIENT TOTAL	64	317	333,359.67	1051.61	.019	5208.74	20.19
HSC HOSPITALS	61	290	303,032.39	1044.94	.018	4967.74	18.35
NON-HSC HOSPITALS TOTAL	3	27	30,327.28	1123.23	.002	10109.09	1.84
ACCOMMODATIONS	3	27	9,434.92	349.44	.002	3144.97	.57
ADMINISTRATIVE DAYS	1	17	3,932.10	231.30	.001	3932.10	.24
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	5,502.82	550.28	.001	2751.41	.33
ANCILLARIES	3	0	20,892.36	.00	.000	6964.12	1.27
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	874	2,781	68,204.53	24.53	.168	78.04	4.13
MEDICAL	147	182	5,849.86	32.14	.011	39.79	.35
SURGERY	50	51	2,463.09	48.30	.003	49.26	.15
PATHOLOGY	387	1,240	15,544.95	12.54	.075	40.17	.94
RADIOLOGY	159	204	10,640.57	52.16	.012	66.92	.64
ROOM USE	530	640	24,945.51	38.98	.039	47.07	1.51
CROSSOVERS/ALL OTH OUTPTNT	211	464	8,760.55	18.88	.028	41.52	.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	75	\$ 40,002.74	\$ 533.37	.005	\$ 20001.37	\$ 2.42
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	75	40,002.74	533.37	.005	20001.37	2.42
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	9	199	\$ 29,522.39	\$ 148.35	.012	\$ 3280.27	\$ 1.79
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	9	199	29,522.39	148.35	.012	3280.27	1.79
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	19	77	\$ 1,771.11	\$ 23.00	.005	\$ 93.22	\$.11
HOSPITAL BASED	9	17	658.98	38.76	.001	73.22	.04
INDEPENDENT FACILITY	10	60	1,112.13	18.54	.004	111.21	.07
@LABORATORY FACILITY	86	311	\$ 3,495.87	\$ 11.24	.019	\$ 40.65	\$.21
PATHOLOGY	86	311	3,495.87	11.24	.019	40.65	.21
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	558	999	\$ 69,531.23	\$ 69.60	.060	\$ 124.61	\$ 4.21
CLINIC	80	298	7,336.11	24.62	.018	91.70	.44
SURGICENTER	5	22	750.61	34.12	.001	150.12	.05
HEROIN DETOX CLINIC	3	38	427.36	11.25	.002	142.45	.03
RURAL HEALTH CLINIC	471	641	61,017.15	95.19	.039	129.55	3.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN						
							PAGE 11,736 01/17/03

16,514 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	783	147,669	\$ 104,519.20	\$.71	8.942	\$ 133.49	\$ 6.33
DURABLE MED. EQUIP.	48	127	33,995.74	267.68	.008	708.24	2.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	55	683	14,133.58	20.69	.041	256.97	.86
AMBULANCES/AIR TRANS	55	682	12,301.56	18.04	.041	223.66	.74
OTHER TRANS	0	0	32.02	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.11
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	51	51	4,501.00	88.25	.003	88.25	.27
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	210	474	4,282.57	9.03	.029	20.39	.26
PHYSICAL THERAPIST	2	10	202.92	20.29	.001	101.46	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	16	769.17	48.07	.001	128.20	.05
PROSTHETICS	6	15	680.48	45.37	.001	113.41	.04
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	23	2,164.15	94.09	.001	216.42	.13
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	295	1,866	19,457.51	10.43	.113	65.96	1.18
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	130	144,418	24,985.53	.17	8.745	192.20	1.51
@CALIF. CHILDREN SERVICES*	297	48,626	\$ 467,631.51	\$ 9.62	2.945	\$ 1574.52	\$ 28.32

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,737
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,739
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,740
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,741
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT	AID CODE

697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	515	3,252	\$ 354,674.95	\$ 109.06	4.666	\$ 688.69	\$ 508.86
@PHYSICIANS SERVICES	294	1,192	\$ 90,510.78	\$ 75.93	1.710	\$ 307.86	\$ 129.86
OUTPATIENT VISITS	145	521	16,287.24	31.26	.747	112.33	23.37
OFFICE VISITS	44	57	2,440.01	42.81	.082	55.45	3.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	22	24	1,399.05	58.29	.034	63.59	2.01
PREVENTIVE CARE	1	1	45.33	45.33	.001	45.33	.07
OB VISITS/COMPRE PERI	96	434	12,293.42	28.33	.623	128.06	17.64

OTHER OUTPATIENT	4	5	109.43	21.89	.007	27.36	.16
INPATIENT VISITS	59	198	19,284.41	97.40	.284	326.85	27.67
HOSPITAL VISITS	48	80	3,702.55	46.28	.115	77.14	5.31
CRITICAL CARE	13	118	15,581.86	132.05	.169	1198.60	22.36
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	226.90	56.73	.006	56.73	.33
EXAMINATIONS	4	4	226.90	56.73	.006	56.73	.33
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	73	192	44,287.23	230.66	.275	606.67	63.54
PRINCIPAL SURGEON	54	58	38,469.90	663.27	.083	712.41	55.19
ASSISTANT SURGEON	11	11	2,230.92	202.81	.016	202.81	3.20
ANESTHESIOLOGIST	18	123	3,586.41	29.16	.176	199.25	5.15
OUTPATIENT SURGERY	37	68	2,589.92	38.09	.098	70.00	3.72
PRINCIPAL SURGEON	37	63	2,440.06	38.73	.090	65.95	3.50
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	5	149.86	29.97	.007	49.95	.22
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	35	63	557.92	8.86	.090	15.94	.80
RADIOLOGY	68	85	4,379.70	51.53	.122	64.41	6.28
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	14	494.31	35.31	.020	54.92	.71
OTHER SERVICES/ALL X-OVERS	25	47	2,403.15	51.13	.067	96.13	3.45
@PHARMACY	146	331	6,877.98	20.78	.475	47.11	9.87
PRESCRIPTION DRUGS	144	306	5,860.58	19.15	.439	40.70	8.41
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	144	306	5,860.58	19.15	.439	40.70	8.41
MEDICAL SUPPLIES	10	25	1,017.40	40.70	.036	101.74	1.46
@DENTIST	22	77	4,625.00	60.06	.110	210.23	6.64
VISITS - DIAGNOSTIC	15	49	956.00	19.51	.070	63.73	1.37
ORAL SURGERY	2	3	255.00	85.00	.004	127.50	.37
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	5	6	1,350.00	225.00	.009	270.00	1.94
RESTORATIVE DENTISTRY	9	19	2,064.00	108.63	.027	229.33	2.96
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 11,742
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT						
					AID CODE		

697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	12	\$ 307.58	\$ 25.63	.017	\$ 61.52	\$.44
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.006	47.45	.27
EYE APPLIANCES	3	8	117.78	14.72	.011	39.26	.17
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2	\$ 52.00	\$ 26.00	.003	\$ 52.00	\$.07
MEDICINE/INJECTIONS	1	2	52.00	26.00	.003	52.00	.07
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	5	\$ 94.12	\$ 18.82	.007	\$ 94.12	\$.14
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	251	1,082	\$ 227,107.56	\$ 209.90	1.552	\$ 904.81	\$ 325.84
HOSP INPATIENT TOTAL	63	197	204,440.66	1037.77	.283	3245.09	293.32
HSC HOSPITALS	62	195	202,559.70	1038.77	.280	3267.09	290.62
NON-HSC HOSPITAL TOTAL	1	2	1,880.96	940.48	.003	1880.96	2.70
ACCOMMODATIONS	1	2	615.48	307.74	.003	615.48	.88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	615.48	307.74	.003	615.48	.88
ANCILLARIES	1	0	1,265.48	.00	.000	1265.48	1.82
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	225	885	22,666.90	25.61	1.270	100.74	32.52
MEDICAL	16	26	1,120.60	43.10	.037	70.04	1.61
SURGERY	15	18	758.23	42.12	.026	50.55	1.09
PATHOLOGY	133	445	7,321.47	16.45	.638	55.05	10.50
RADIOLOGY	37	41	2,738.76	66.80	.059	74.02	3.93
ROOM USE	83	157	6,668.86	42.48	.225	80.35	9.57
CROSSOVERS/ALL OTH OUTPTNT	80	198	4,058.98	20.50	.284	50.74	5.82
@COUNTY HOSPITAL TOTAL	103	472	\$ 123,767.41	\$ 262.22	.677	\$ 1201.63	\$ 177.57
CO HOSPITAL INPATIENT TOTAL	33	108	113,184.38	1048.00	.155	3429.83	162.39
HSC HOSPITALS	33	108	113,184.38	1048.00	.155	3429.83	162.39
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	90	364	10,583.03	29.07	.522	117.59	15.18
MEDICAL	13	20	633.10	31.66	.029	48.70	.91
SURGERY	4	4	291.33	72.83	.006	72.83	.42
PATHOLOGY	45	182	3,009.20	16.53	.261	66.87	4.32
RADIOLOGY	15	16	1,279.23	79.95	.023	85.28	1.84
ROOM USE	41	87	3,804.49	43.73	.125	92.79	5.46
CROSSOVERS/ALL OTH OUTPTNT	36	55	1,565.68	28.47	.079	43.49	2.25

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	156	610	\$ 103,340.15	\$ 169.41	.875 \$ 662.44 \$ 148.26
COMM HOSP INPATIENT TOTAL	30	89	91,256.28	1025.35	.128 3041.88 130.93
HSC HOSPITALS	29	87	89,375.32	1027.30	.125 3081.91 128.23
NON-HSC HOSPITALS TOTAL	1	2	1,880.96	940.48	.003 1880.96 2.70
ACCOMMODATIONS	1	2	615.48	307.74	.003 615.48 .88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	1	2	615.48	307.74	.003 615.48 .88
ANCILLARIES	1	0	1,265.48	.00	.000 1265.48 1.82
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	143	521	12,083.87	23.19	.747 84.50 17.34
MEDICAL	3	6	487.50	81.25	.009 162.50 .70
SURGERY	11	14	466.90	33.35	.020 42.45 .67
PATHOLOGY	92	263	4,312.27	16.40	.377 46.87 6.19
RADIOLOGY	22	25	1,459.53	58.38	.036 66.34 2.09
ROOM USE	44	70	2,864.37	40.92	.100 65.10 4.11
CROSSOVERS/ALL OTH OUTPTNT	44	143	2,493.30	17.44	.205 56.67 3.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	0	0	.00	.00	.000 .00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00 .00
@REHABILITATION FACILITY	1	6	\$ 119.78	\$ 19.96	.009 \$ 119.78 \$.17
HOSPITAL BASED	1	6	119.78	19.96	.009 119.78 .17

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	43	125	\$	1,298.18	\$	10.39	.179	\$ 30.19	\$ 1.86
PATHOLOGY	43	125		1,298.18		10.39	.179	30.19	1.86
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	86	235	\$	18,406.14	\$	78.32	.337	\$ 214.02	\$ 26.41
CLINIC	15	81		1,660.93		20.51	.116	110.73	2.38
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	71	154		16,745.21		108.74	.221	235.85	24.02

#CALIF DEPT OF HEALTH SERV MOP024 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT

AID CODE

----- MONTHLY AVERAGE -----

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697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	60	185	\$ 5,275.83	\$ 28.52	.265	\$ 87.93	\$ 7.57
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	110	1,119.93	10.18	.158	223.99	1.61
AMBULANCES/AIR TRANS	5	110	1,119.93	10.18	.158	223.99	1.61
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	1	2	32.44	16.22	.003	32.44	.05
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	40	41	3,444.00	84.00	.059	86.10	4.94
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	26	288.57	11.10	.037	26.23	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6	390.89	65.15	.009	130.30	.56
PROSTHETICS	2	5	302.20	60.44	.007	151.10	.43
ORTHOTICS	1	1	88.69	88.69	.001	88.69	.13
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	218	\$ 15,728.04	\$ 72.15	.313	\$ 1966.01	\$ 22.57
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

PAGE 11,745
01/17/03

697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	515	3,252	\$ 354,674.95	\$ 109.06	4.666	\$ 688.69	\$ 508.86
@PHYSICIANS SERVICES	294	1,192	\$ 90,510.78	\$ 75.93	1.710	\$ 307.86	\$ 129.86

OUTPATIENT VISITS	145	521		16,287.24		31.26	.747	112.33	23.37
OFFICE VISITS	44	57		2,440.01		42.81	.082	55.45	3.50
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	22	24		1,399.05		58.29	.034	63.59	2.01
PREVENTIVE CARE	1	1		45.33		45.33	.001	45.33	.07
OB VISITS/COMPRE PERI	96	434		12,293.42		28.33	.623	128.06	17.64
OTHER OUTPATIENT	4	5		109.43		21.89	.007	27.36	.16
INPATIENT VISITS	59	198		19,284.41		97.40	.284	326.85	27.67
HOSPITAL VISITS	48	80		3,702.55		46.28	.115	77.14	5.31
CRITICAL CARE	13	118		15,581.86		132.05	.169	1198.60	22.36
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4		226.90		56.73	.006	56.73	.33
EXAMINATIONS	4	4		226.90		56.73	.006	56.73	.33
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	73	192		44,287.23		230.66	.275	606.67	63.54
PRINCIPAL SURGEON	54	58		38,469.90		663.27	.083	712.41	55.19
ASSISTANT SURGEON	11	11		2,230.92		202.81	.016	202.81	3.20
ANESTHESIOLOGIST	18	123		3,586.41		29.16	.176	199.25	5.15
OUTPATIENT SURGERY	37	68		2,589.92		38.09	.098	70.00	3.72
PRINCIPAL SURGEON	37	63		2,440.06		38.73	.090	65.95	3.50
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	3	5		149.86		29.97	.007	49.95	.22
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	35	63		557.92		8.86	.090	15.94	.80
RADIOLOGY	68	85		4,379.70		51.53	.122	64.41	6.28
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	14		494.31		35.31	.020	54.92	.71
OTHER SERVICES/ALL X-OVERS	25	47		2,403.15		51.13	.067	96.13	3.45
@PHARMACY	146	331	\$	6,877.98	\$	20.78	.475	47.11	9.87
PRESCRIPTION DRUGS	144	306		5,860.58		19.15	.439	40.70	8.41
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	144	306		5,860.58		19.15	.439	40.70	8.41
MEDICAL SUPPLIES	10	25		1,017.40		40.70	.036	101.74	1.46
@DENTIST	22	77	\$	4,625.00	\$	60.06	.110	210.23	6.64
VISITS - DIAGNOSTIC	15	49		956.00		19.51	.070	63.73	1.37
ORAL SURGERY	2	3		255.00		85.00	.004	127.50	.37
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	5	6		1,350.00		225.00	.009	270.00	1.94
RESTORATIVE DENTISTRY	9	19		2,064.00		108.63	.027	229.33	2.96
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 11,746
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC								

						----- MONTHLY AVERAGE -----			
697 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@OPTOMETRIST	5	12	\$ 307.58	\$ 25.63	.017	\$ 61.52	\$.44		
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.006	47.45	.27		

EYE APPLIANCES	3	8		117.78	14.72	.011	39.26	.17
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	1	2	\$	52.00	\$ 26.00	.003	\$ 52.00	\$.07
MEDICINE/INJECTIONS	1	2		52.00	26.00	.003	52.00	.07
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	5	\$	94.12	\$ 18.82	.007	\$ 94.12	\$.14
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	251	1,082	\$	227,107.56	\$ 209.90	1.552	\$ 904.81	\$ 325.84
HOSP INPATIENT TOTAL	63	197		204,440.66	1037.77	.283	3245.09	293.32
HSC HOSPITALS	62	195		202,559.70	1038.77	.280	3267.09	290.62
NON-HSC HOSPITAL TOTAL	1	2		1,880.96	940.48	.003	1880.96	2.70
ACCOMMODATIONS	1	2		615.48	307.74	.003	615.48	.88
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		615.48	307.74	.003	615.48	.88
ANCILLARIES	1	0		1,265.48	.00	.000	1265.48	1.82
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	225	885		22,666.90	25.61	1.270	100.74	32.52
MEDICAL	16	26		1,120.60	43.10	.037	70.04	1.61
SURGERY	15	18		758.23	42.12	.026	50.55	1.09
PATHOLOGY	133	445		7,321.47	16.45	.638	55.05	10.50
RADIOLOGY	37	41		2,738.76	66.80	.059	74.02	3.93
ROOM USE	83	157		6,668.86	42.48	.225	80.35	9.57

CROSSEOVERS/ALL OTH OUTPTNT	80	198		4,058.98	20.50	.284	50.74	5.82	
@COUNTY HOSPITAL TOTAL	103	472	\$	123,767.41	\$ 262.22	.677	\$ 1201.63	\$ 177.57	
CO HOSPITAL INPATIENT TOTAL	33	108		113,184.38	1048.00	.155	3429.83	162.39	
HSC HOSPITALS	33	108		113,184.38	1048.00	.155	3429.83	162.39	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	90	364		10,583.03	29.07	.522	117.59	15.18	
MEDICAL	13	20		633.10	31.66	.029	48.70	.91	
SURGERY	4	4		291.33	72.83	.006	72.83	.42	
PATHOLOGY	45	182		3,009.20	16.53	.261	66.87	4.32	
RADIOLOGY	15	16		1,279.23	79.95	.023	85.28	1.84	
ROOM USE	41	87		3,804.49	43.73	.125	92.79	5.46	
CROSSEOVERS/ALL OTH OUTPTNT	36	55		1,565.68	28.47	.079	43.49	2.25	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 11,747
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC								

	697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	156	610	\$	103,340.15	\$ 169.41	.875	\$ 662.44	\$ 148.26
COMM HOSP INPATIENT TOTAL	30	89		91,256.28	1025.35	.128	3041.88	130.93
HSC HOSPITALS	29	87		89,375.32	1027.30	.125	3081.91	128.23
NON-HSC HOSPITALS TOTAL	1	2		1,880.96	940.48	.003	1880.96	2.70
ACCOMMODATIONS	1	2		615.48	307.74	.003	615.48	.88
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		615.48	307.74	.003	615.48	.88
ANCILLARIES	1	0		1,265.48	.00	.000	1265.48	1.82
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	143	521		12,083.87	23.19	.747	84.50	17.34
MEDICAL	3	6		487.50	81.25	.009	162.50	.70
SURGERY	11	14		466.90	33.35	.020	42.45	.67
PATHOLOGY	92	263		4,312.27	16.40	.377	46.87	6.19
RADIOLOGY	22	25		1,459.53	58.38	.036	66.34	2.09
ROOM USE	44	70		2,864.37	40.92	.100	65.10	4.11
CROSSEOVERS/ALL OTH OUTPTNT	44	143		2,493.30	17.44	.205	56.67	3.58
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	1	6	\$	119.78	\$	19.96	.009	\$ 119.78	\$.17
HOSPITAL BASED	1	6		119.78		19.96	.009	119.78	.17
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	43	125	\$	1,298.18	\$	10.39	.179	\$ 30.19	\$ 1.86
PATHOLOGY	43	125		1,298.18		10.39	.179	30.19	1.86
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	86	235	\$	18,406.14	\$	78.32	.337	\$ 214.02	\$ 26.41
CLINIC	15	81		1,660.93		20.51	.116	110.73	2.38
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	71	154		16,745.21		108.74	.221	235.85	24.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 11,748
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC								

697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	60	185	\$ 5,275.83	\$ 28.52	.265	\$ 87.93	\$ 7.57
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	110	1,119.93	10.18	.158	223.99	1.61
AMBULANCES/AIR TRANS	5	110	1,119.93	10.18	.158	223.99	1.61
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	1	2	32.44	16.22	.003	32.44	.05
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	40	41	3,444.00	84.00	.059	86.10	4.94
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	26	288.57	11.10	.037	26.23	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6	390.89	65.15	.009	130.30	.56
PROSTHETICS	2	5	302.20	60.44	.007	151.10	.43
ORTHOTICS	1	1	88.69	88.69	.001	88.69	.13
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	218	\$ 15,728.04	\$ 72.15	.313	\$ 1966.01	\$ 22.57
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,749
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03

SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	76	1,739	\$ 215,243.57	\$ 123.77	29.983	\$ 2832.15	\$ 3711.10
@PHYSICIANS SERVICES	15	44	\$ 2,436.50	\$ 55.38	.759	\$ 162.43	\$ 42.01
OUTPATIENT VISITS	6	7	303.47	43.35	.121	50.58	5.23
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	5	269.79	53.96	.086	67.45	4.65
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	33.68	16.84	.034	16.84	.58
INPATIENT VISITS	6	11	475.40	43.22	.190	79.23	8.20
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	6	11	475.40	43.22	.190	79.23	8.20
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.017	46.44	.80
EXAMINATIONS	1	1	46.44	46.44	.017	46.44	.80
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	138.13	138.13	.017	138.13	2.38
PRINCIPAL SURGEON	1	1	138.13	138.13	.017	138.13	2.38
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.82	2.82	.017	2.82	.05
RADIOLOGY	3	22	1,461.65	66.44	.379	487.22	25.20
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	8.59	8.59	.017	8.59	.15
@PHARMACY	49	376	\$ 26,907.38	\$ 71.56	6.483	\$ 549.13	\$ 463.92
PRESCRIPTION DRUGS	49	358	26,327.27	73.54	6.172	537.29	453.92
SNF/ICF	40	259	21,622.44	83.48	4.466	540.56	372.80
OUTPATIENTS	16	99	4,704.83	47.52	1.707	294.05	81.12
MEDICAL SUPPLIES	4	18	580.11	32.23	.310	145.03	10.00
@DENTIST	5	23	\$ 569.00	\$ 24.74	.397	\$ 113.80	\$ 9.81
VISITS - DIAGNOSTIC	4	16	289.00	18.06	.276	72.25	4.98
ORAL SURGERY	2	7	280.00	40.00	.121	140.00	4.83
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	22	135	\$ 2,711.42	\$ 20.08	2.328	\$ 123.25	\$ 46.75
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	22	135	2,711.42	20.08	2.328	123.25	46.75
MEDICAL	4	4	181.82	45.46	.069	45.46	3.13
SURGERY	2	2	10.40	5.20	.034	5.20	.18
PATHOLOGY	17	97	1,055.39	10.88	1.672	62.08	18.20
RADIOLOGY	4	5	436.39	87.28	.086	109.10	7.52
ROOM USE	8	11	323.07	29.37	.190	40.38	5.57
CROSSOVERS/ALL OTH OUTPTNT	4	16	704.35	44.02	.276	176.09	12.14
@COUNTY HOSPITAL TOTAL	8	32	\$ 960.35	\$ 30.01	.552	\$ 120.04	\$ 16.56
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	32	960.35	30.01	.552	120.04	16.56
MEDICAL	4	4	181.82	45.46	.069	45.46	3.13
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	18	221.38	12.30	.310	73.79	3.82
RADIOLOGY	2	3	355.80	118.60	.052	177.90	6.13
ROOM USE	5	6	192.80	32.13	.103	38.56	3.32

58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE				
				----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	15	103	\$ 1,751.07	\$ 17.00	1.776	\$ 116.74	\$ 30.19	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	15	103	1,751.07	17.00	1.776	116.74	30.19	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	2	2	10.40	5.20	.034	5.20	.18	
PATHOLOGY	14	79	834.01	10.56	1.362	59.57	14.38	
RADIOLOGY	2	2	80.59	40.30	.034	40.30	1.39	
ROOM USE	3	5	130.27	26.05	.086	43.42	2.25	
CROSSTOVERS/ALL OTH OUTPTNT	3	15	695.80	46.39	.259	231.93	12.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	29	985	\$ 176,405.69	\$ 179.09	16.983	\$ 6082.95	\$ 3041.48	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	9	219	26,483.67	120.93	3.776	2942.63	456.62	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	3	156		88,391.16	566.61	2.690	29463.72	1523.99
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	17	610		61,530.86	100.87	10.517	3619.46	1060.88
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	21	\$	263.43	\$ 12.54	.362	\$ 131.72	\$ 4.54
HOSPITAL BASED	2	21		263.43	12.54	.362	131.72	4.54
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	35	\$	381.28	\$ 10.89	.603	\$ 76.26	\$ 6.57
PATHOLOGY	5	35		381.28	10.89	.603	76.26	6.57
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
SAN JOAQUIN COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

PAGE 11,752
 01/17/03

						AID CODE			
						----- MONTHLY AVERAGE -----			
58 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	12	120	\$	5,568.87	\$ 46.41	2.069	\$ 464.07	\$ 96.02	
DURABLE MED. EQUIP.	1	3		181.26	60.42	.052	181.26	3.13	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	6	55		485.11	8.82	.948	80.85	8.36	
AMBULANCES/AIR TRANS	3	17		412.11	24.24	.293	137.37	7.11	
OTHER TRANS	3	38		73.00	1.92	.655	24.33	1.26	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	0	0		.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	4	7		212.83	30.40	.121	53.21	3.67	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	
HOSPICE SERVICES	2	55		4,689.67	85.27	.948	2344.84	80.86	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00	

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

AID CODE

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17	61	\$ 4,571.91	\$ 74.95	5.083	\$ 268.94	\$ 380.99
@PHYSICIANS SERVICES	11	31	\$ 4,137.49	\$ 133.47	2.583	\$ 376.14	\$ 344.79
OUTPATIENT VISITS	2	2	72.76	36.38	.167	36.38	6.06
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	24.38	24.38	.083	24.38	2.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	48.38	48.38	.083	48.38	4.03
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	9	409.84	45.54	.750	102.46	34.15
HOSPITAL VISITS	4	9	409.84	45.54	.750	102.46	34.15
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	12	3,376.95	281.41	1.000	482.42	281.41
PRINCIPAL SURGEON	5	5	2,958.09	591.62	.417	591.62	246.51
ASSISTANT SURGEON	1	1	208.68	208.68	.083	208.68	17.39
ANESTHESIOLOGIST	1	6	210.18	35.03	.500	210.18	17.52
OUTPATIENT SURGERY	5	6	207.90	34.65	.500	41.58	17.33
PRINCIPAL SURGEON	5	6	207.90	34.65	.500	41.58	17.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	62.95	62.95	.083	62.95	5.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	7.09	7.09	.083	7.09	.59
@PHARMACY	5	10	\$ 111.64	\$ 11.16	.833	\$ 22.33	\$ 9.30
PRESCRIPTION DRUGS	5	10	111.64	11.16	.833	22.33	9.30
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	5	10	111.64	11.16	.833	22.33	9.30
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,754
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	19	\$ 267.78	\$ 14.09	1.583	\$ 38.25	\$ 22.32
HOSP INPATIENT TOTAL	4	10	.00	.00	.833	.00	.00
HSC HOSPITALS	4	10	.00	.00	.833	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	9	267.78	29.75	.750	44.63	22.32
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	9.16	9.16	.083	9.16	.76
RADIOLOGY	1	1	.00	.00	.083	.00	.00
ROOM USE	3	3	100.13	33.38	.250	33.38	8.34
CROSSOVERS/ALL OTH OUTPTNT	4	4	158.49	39.62	.333	39.62	13.21
@COUNTY HOSPITAL TOTAL	7	18	\$ 258.62	\$ 14.37	1.500	\$ 36.95	\$ 21.55
CO HOSPITAL INPATIENT TOTAL	4	10	.00	.00	.833	.00	.00
HSC HOSPITALS	4	10	.00	.00	.833	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
CO HOSP OUTPATIENT TOTAL	6	8	258.62	32.33	.667	43.10	21.55
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	.00	.00	.083	.00	.00
ROOM USE	3	3	100.13	33.38	.250	33.38	8.34
CROSSOVERS/ALL OTH OUTPTNT	4	4	158.49	39.62	.333	39.62	13.21
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,755 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE							
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 9.16	\$ 9.16	.083	\$ 9.16	\$.76
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	9.16	9.16	.083	9.16	.76
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	9.16	9.16	.083	9.16	.76
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,756
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 55.00	\$ 55.00	.083	\$ 55.00	\$ 4.58
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	55.00	55.00	.083	55.00	4.58
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 11,757

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	93	1,800	\$ 219,815.48	\$ 122.12	25.714	\$ 2363.61	\$ 3140.22
@PHYSICIANS SERVICES	26	75	\$ 6,573.99	\$ 87.65	1.071	\$ 252.85	\$ 93.91
OUTPATIENT VISITS	8	9	376.23	41.80	.129	47.03	5.37
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6	294.17	49.03	.086	58.83	4.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	48.38	48.38	.014	48.38	.69
OTHER OUTPATIENT	2	2	33.68	16.84	.029	16.84	.48
INPATIENT VISITS	10	20	885.24	44.26	.286	88.52	12.65
HOSPITAL VISITS	4	9	409.84	45.54	.129	102.46	5.85
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	6	11	475.40	43.22	.157	79.23	6.79
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.014	46.44	.66
EXAMINATIONS	1	1	46.44	46.44	.014	46.44	.66
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	12	3,376.95	281.41	.171	482.42	48.24
PRINCIPAL SURGEON	5	5	2,958.09	591.62	.071	591.62	42.26
ASSISTANT SURGEON	1	1	208.68	208.68	.014	208.68	2.98
ANESTHESIOLOGIST	1	6	210.18	35.03	.086	210.18	3.00
OUTPATIENT SURGERY	6	7	346.03	49.43	.100	57.67	4.94
PRINCIPAL SURGEON	6	7	346.03	49.43	.100	57.67	4.94
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.82	2.82	.014	2.82	.04
RADIOLOGY	4	23	1,524.60	66.29	.329	381.15	21.78
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	15.68	7.84	.029	7.84	.22
@PHARMACY	54	386	\$ 27,019.02	\$ 70.00	5.514	\$ 500.35	\$ 385.99
PRESCRIPTION DRUGS	54	368	26,438.91	71.84	5.257	489.61	377.70
SNF/ICF	40	259	21,622.44	83.48	3.700	540.56	308.89
OUTPATIENTS	21	109	4,816.47	44.19	1.557	229.36	68.81
MEDICAL SUPPLIES	4	18	580.11	32.23	.257	145.03	8.29
@DENTIST	5	23	\$ 569.00	\$ 24.74	.329	\$ 113.80	\$ 8.13
VISITS - DIAGNOSTIC	4	16	289.00	18.06	.229	72.25	4.13
ORAL SURGERY	2	7	280.00	40.00	.100	140.00	4.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,758
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	29	154	\$ 2,979.20	\$ 19.35	2.200	\$ 102.73	\$ 42.56
HOSP INPATIENT TOTAL	4	10	.00	.00	.143	.00	.00
HSC HOSPITALS	4	10	.00	.00	.143	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	144	2,979.20	20.69	2.057	106.40	42.56
MEDICAL	4	4	181.82	45.46	.057	45.46	2.60
SURGERY	2	2	10.40	5.20	.029	5.20	.15
PATHOLOGY	18	98	1,064.55	10.86	1.400	59.14	15.21
RADIOLOGY	5	6	436.39	72.73	.086	87.28	6.23
ROOM USE	11	14	423.20	30.23	.200	38.47	6.05
CROSSOVERS/ALL OTH OUTPTNT	8	20	862.84	43.14	.286	107.86	12.33
@COUNTY HOSPITAL TOTAL	15	50	\$ 1,218.97	\$ 24.38	.714	\$ 81.26	\$ 17.41
CO HOSPITAL INPATIENT TOTAL	4	10	.00	.00	.143	.00	.00
HSC HOSPITALS	4	10	.00	.00	.143	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	40	1,218.97	30.47	.571	87.07	17.41
MEDICAL	4	4	181.82	45.46	.057	45.46	2.60
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	18	221.38	12.30	.257	73.79	3.16
RADIOLOGY	3	4	355.80	88.95	.057	118.60	5.08
ROOM USE	8	9	292.93	32.55	.129	36.62	4.18
CROSSOVERS/ALL OTH OUTPTNT	5	5	167.04	33.41	.071	33.41	2.39

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,759
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	104	\$ 1,760.23	\$ 16.93	1.486 \$ 110.01 \$ 25.15
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	16	104	1,760.23	16.93	1.486 110.01 25.15
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	2	2	10.40	5.20	.029 5.20 .15
PATHOLOGY	15	80	843.17	10.54	1.143 56.21 12.05
RADIOLOGY	2	2	80.59	40.30	.029 40.30 1.15
ROOM USE	3	5	130.27	26.05	.071 43.42 1.86
CROSSOVERS/ALL OTH OUTPTNT	3	15	695.80	46.39	.214 231.93 9.94
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	29	985	\$ 176,405.69	\$ 179.09	14.071 \$ 6082.95 \$ 2520.08
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	9	219	26,483.67	120.93	3.129 2942.63 378.34
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	3	156	88,391.16	566.61	2.229 29463.72 1262.73
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	17	610	61,530.86	100.87	8.714 3619.46 879.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00 .00
@REHABILITATION FACILITY	2	21	\$ 263.43	\$ 12.54	.300 \$ 131.72 \$ 3.76
HOSPITAL BASED	2	21	263.43	12.54	.300 131.72 3.76

INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	5	35	\$	381.28	\$	10.89		.500	\$	76.26	\$	5.45
PATHOLOGY	5	35		381.28		10.89		.500		76.26		5.45
XO AND OTHERS	0	0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00		.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00		.000		.00		.00
SURGICENTER	0	0		.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00		.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,760
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13	121	\$ 5,623.87	\$ 46.48	1.729	\$ 432.61	\$ 80.34
DURABLE MED. EQUIP.	1	3	181.26	60.42	.043	181.26	2.59
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	55	485.11	8.82	.786	80.85	6.93
AMBULANCES/AIR TRANS	3	17	412.11	24.24	.243	137.37	5.89
OTHER TRANS	3	38	73.00	1.92	.543	24.33	1.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	55.00	55.00	.014	55.00	.79
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	7	212.83	30.40	.100	53.21	3.04
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	55	4,689.67	85.27	.786	2344.84	67.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,761
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 53 FOR FUTURE USE	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,762
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,763
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,764
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,765
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

767 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	608	5,052	\$ 574,490.43	\$ 113.72	6.587	\$ 944.89	\$ 749.01
@PHYSICIANS SERVICES	320	1,267	\$ 97,084.77	\$ 76.63	1.652	\$ 303.39	\$ 126.58
OUTPATIENT VISITS	153	530	16,663.47	31.44	.691	108.91	21.73
OFFICE VISITS	44	57	2,440.01	42.81	.074	55.45	3.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	27	30	1,693.22	56.44	.039	62.71	2.21
PREVENTIVE CARE	1	1	45.33	45.33	.001	45.33	.06
OB VISITS/COMPRE PERI	97	435	12,341.80	28.37	.567	127.24	16.09
OTHER OUTPATIENT	6	7	143.11	20.44	.009	23.85	.19
INPATIENT VISITS	69	218	20,169.65	92.52	.284	292.31	26.30
HOSPITAL VISITS	52	89	4,112.39	46.21	.116	79.08	5.36
CRITICAL CARE	13	118	15,581.86	132.05	.154	1198.60	20.32
SNF/ICF/TRANS IP CARE	6	11	475.40	43.22	.014	79.23	.62
OPHTHALMOLOGICAL SERVICES	5	5	273.34	54.67	.007	54.67	.36
EXAMINATIONS	5	5	273.34	54.67	.007	54.67	.36
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	80	204	47,664.18	233.65	.266	595.80	62.14
PRINCIPAL SURGEON	59	63	41,427.99	657.59	.082	702.17	54.01
ASSISTANT SURGEON	12	12	2,439.60	203.30	.016	203.30	3.18
ANESTHESIOLOGIST	19	129	3,796.59	29.43	.168	199.82	4.95
OUTPATIENT SURGERY	43	75	2,935.95	39.15	.098	68.28	3.83
PRINCIPAL SURGEON	43	70	2,786.09	39.80	.091	64.79	3.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	5	149.86	29.97	.007	49.95	.20
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	36	64	560.74	8.76	.083	15.58	.73
RADIOLOGY	72	108	5,904.30	54.67	.141	82.00	7.70
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	14	494.31	35.31	.018	54.92	.64
OTHER SERVICES/ALL X-OVERS	27	49	2,418.83	49.36	.064	89.59	3.15
@PHARMACY	200	717	\$ 33,897.00	\$ 47.28	.935	\$ 169.49	\$ 44.19
PRESCRIPTION DRUGS	198	674	32,299.49	47.92	.879	163.13	42.11
SNF/ICF	40	259	21,622.44	83.48	.338	540.56	28.19
OUTPATIENTS	165	415	10,677.05	25.73	.541	64.71	13.92
MEDICAL SUPPLIES	14	43	1,597.51	37.15	.056	114.11	2.08
@DENTIST	27	100	\$ 5,194.00	\$ 51.94	.130	\$ 192.37	\$ 6.77
VISITS - DIAGNOSTIC	19	65	1,245.00	19.15	.085	65.53	1.62
ORAL SURGERY	4	10	535.00	53.50	.013	133.75	.70
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	5	6	1,350.00	225.00	.008	270.00	1.76
RESTORATIVE DENTISTRY	9	19	2,064.00	108.63	.025	229.33	2.69
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

767 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	5	12	\$ 307.58	\$ 25.63	.016	\$	61.52	\$.40
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.005		47.45	.25
EYE APPLIANCES	3	8	117.78	14.72	.010		39.26	.15
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	1	2	\$ 52.00	\$ 26.00	.003	\$	52.00	\$.07
MEDICINE/INJECTIONS	1	2	52.00	26.00	.003		52.00	.07
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	\$	.00	\$.00
NURSE MIDWIFE	1	5	\$ 94.12	\$ 18.82	.007	\$	94.12	\$.12
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	280	1,236	\$ 230,086.76	\$ 186.15	1.611	\$	821.74	\$ 299.98
HOSP INPATIENT TOTAL	67	207	204,440.66	987.64	.270		3051.35	266.55
HSC HOSPITALS	66	205	202,559.70	988.10	.267		3069.09	264.09
NON-HSC HOSPITAL TOTAL	1	2	1,880.96	940.48	.003		1880.96	2.45
ACCOMMODATIONS	1	2	615.48	307.74	.003		615.48	.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	1	2	615.48	307.74	.003		615.48	.80
ANCILLARIES	1	0	1,265.48	.00	.000		1265.48	1.65
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

HOSP OUTPATIENT TOTAL	253	1,029	25,646.10	24.92	1.342	101.37	33.44	
MEDICAL	20	30	1,302.42	43.41	.039	65.12	1.70	
SURGERY	17	20	768.63	38.43	.026	45.21	1.00	
PATHOLOGY	151	543	8,386.02	15.44	.708	55.54	10.93	
RADIOLOGY	42	47	3,175.15	67.56	.061	75.60	4.14	
ROOM USE	94	171	7,092.06	41.47	.223	75.45	9.25	
CROSSOVERS/ALL OTH OUTPTNT	88	218	4,921.82	22.58	.284	55.93	6.42	
@COUNTY HOSPITAL TOTAL	118	522	\$ 124,986.38	\$ 239.44	.681	\$ 1059.21	\$ 162.95	
CO HOSPITAL INPATIENT TOTAL	37	118	113,184.38	959.19	.154	3059.04	147.57	
HSC HOSPITALS	37	118	113,184.38	959.19	.154	3059.04	147.57	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	104	404	11,802.00	29.21	.527	113.48	15.39	
MEDICAL	17	24	814.92	33.96	.031	47.94	1.06	
SURGERY	4	4	291.33	72.83	.005	72.83	.38	
PATHOLOGY	48	200	3,230.58	16.15	.261	67.30	4.21	
RADIOLOGY	18	20	1,635.03	81.75	.026	90.84	2.13	
ROOM USE	49	96	4,097.42	42.68	.125	83.62	5.34	
CROSSOVERS/ALL OTH OUTPTNT	41	60	1,732.72	28.88	.078	42.26	2.26	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 11,767
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS							

767 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	172	714	\$ 105,100.38	\$ 147.20	.931	\$ 611.05	\$ 137.03
COMM HOSP INPATIENT TOTAL	30	89	91,256.28	1025.35	.116	3041.88	118.98
HSC HOSPITALS	29	87	89,375.32	1027.30	.113	3081.91	116.53
NON-HSC HOSPITALS TOTAL	1	2	1,880.96	940.48	.003	1880.96	2.45
ACCOMMODATIONS	1	2	615.48	307.74	.003	615.48	.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	615.48	307.74	.003	615.48	.80
ANCILLARIES	1	0	1,265.48	.00	.000	1265.48	1.65
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	159	625	13,844.10	22.15	.815	87.07	18.05
MEDICAL	3	6	487.50	81.25	.008	162.50	.64
SURGERY	13	16	477.30	29.83	.021	36.72	.62
PATHOLOGY	107	343	5,155.44	15.03	.447	48.18	6.72
RADIOLOGY	24	27	1,540.12	57.04	.035	64.17	2.01
ROOM USE	47	75	2,994.64	39.93	.098	63.72	3.90
CROSSOVERS/ALL OTH OUTPTNT	47	158	3,189.10	20.18	.206	67.85	4.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	29	985	\$ 176,405.69	\$ 179.09	1.284	\$ 6082.95	\$ 229.99
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	9	219	26,483.67	120.93	.286	2942.63	34.53
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	3	156		88,391.16	566.61	.203	29463.72	115.24
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	17	610		61,530.86	100.87	.795	3619.46	80.22
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	27	\$	383.21	14.19	.035	127.74	.50
HOSPITAL BASED	3	27		383.21	14.19	.035	127.74	.50
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	48	160	\$	1,679.46	10.50	.209	34.99	2.19
PATHOLOGY	48	160		1,679.46	10.50	.209	34.99	2.19
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	86	235	\$	18,406.14	78.32	.306	214.02	24.00
CLINIC	15	81		1,660.93	20.51	.106	110.73	2.17
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	71	154		16,745.21	108.74	.201	235.85	21.83
#CALIF DEPT OF HEALTH SERV								
MOP024								
SAN JOAQUIN COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

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767 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	73	306	\$ 10,899.70	\$ 35.62	.399	\$ 149.31	\$ 14.21
DURABLE MED. EQUIP.	1	3	181.26	60.42	.004	181.26	.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	165	1,605.04	9.73	.215	145.91	2.09
AMBULANCES/AIR TRANS	8	127	1,532.04	12.06	.166	191.51	2.00
OTHER TRANS	3	38	73.00	1.92	.050	24.33	.10
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	1	2	32.44	16.22	.003	32.44	.04
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	41	42	3,499.00	83.31	.055	85.34	4.56
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	26	288.57	11.10	.034	26.23	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	7	212.83	30.40	.009	53.21	.28
PROSTHETIST/ORTHOTISTS	3	6	390.89	65.15	.008	130.30	.51
PROSTHETICS	2	5	302.20	60.44	.007	151.10	.39
ORTHOTICS	1	1	88.69	88.69	.001	88.69	.12
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	55	4,689.67	85.27	.072	2344.84	6.11
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	218	\$ 15,728.04	\$ 72.15	.284	\$ 1966.01	\$ 20.51

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	101,598 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	75,682	3,206,693	\$	74,615,665.41	\$ 23.27	31.563	\$ 985.91	\$ 734.42
@PHYSICIANS SERVICES	15,477	48,656	\$	1,000,156.71	\$ 20.56	.479	\$ 64.62	\$ 9.84
OUTPATIENT VISITS	1,737	2,438		88,674.94	36.37	.024	51.05	.87
OFFICE VISITS	1,558	2,165		72,176.39	33.34	.021	46.33	.71
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	230	255		15,979.85	62.67	.003	69.48	.16
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	18	18		518.70	28.82	.000	28.82	.01
INPATIENT VISITS	263	1,275		57,029.59	44.73	.013	216.84	.56
HOSPITAL VISITS	156	961		40,517.13	42.16	.009	259.73	.40
CRITICAL CARE	13	66		7,275.80	110.24	.001	559.68	.07
SNF/ICF/TRANS IP CARE	107	248		9,236.66	37.24	.002	86.32	.09
OPHTHALMOLOGICAL SERVICES	240	251		9,566.54	38.11	.002	39.86	.09
EXAMINATIONS	240	251		9,566.54	38.11	.002	39.86	.09
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	83	507		51,717.27	102.01	.005	623.10	.51
PRINCIPAL SURGEON	60	91		37,513.65	412.24	.001	625.23	.37
ASSISTANT SURGEON	11	15		4,613.58	307.57	.000	419.42	.05
ANESTHESIOLOGIST	33	401		9,590.04	23.92	.004	290.61	.09
OUTPATIENT SURGERY	285	753		129,837.71	172.43	.007	455.57	1.28
PRINCIPAL SURGEON	222	264		114,166.03	432.45	.003	514.26	1.12
ASSISTANT SURGEON	7	7		1,221.89	174.56	.000	174.56	.01
ANESTHESIOLOGIST	110	482		14,449.79	29.98	.005	131.36	.14
DIALYSIS	17	109		7,374.54	67.66	.001	433.80	.07
PATHOLOGY	372	783		7,205.90	9.20	.008	19.37	.07
RADIOLOGY	585	1,244		61,048.37	49.07	.012	104.36	.60
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	119	254		16,515.32	65.02	.003	138.78	.16
OTHER SERVICES/ALL X-OVERS	13,376	41,042		571,186.53	13.92	.404	42.70	5.62
@PHARMACY	63,432	844,781	\$	16,164,029.82	\$ 19.13	8.315	\$ 254.82	\$ 159.10
PRESCRIPTION DRUGS	62,681	286,734		15,537,478.05	54.19	2.822	247.88	152.93
SNF/ICF	13,503	85,184		4,106,530.16	48.21	.838	304.12	40.42
OUTPATIENTS	49,463	201,550		11,430,947.89	56.72	1.984	231.10	112.51
MEDICAL SUPPLIES	5,749	558,047		626,551.77	1.12	5.493	108.98	6.17
@DENTIST	5,084	20,648	\$	965,271.01	\$ 46.75	.203	\$ 189.86	\$ 9.50
VISITS - DIAGNOSTIC	3,547	12,587		169,806.17	13.49	.124	47.87	1.67
ORAL SURGERY	739	2,253		103,863.75	46.10	.022	140.55	1.02
DRUGS	6	6		75.00	12.50	.000	12.50	.00
ANESTHESIA	13	13		900.00	69.23	.000	69.23	.01
PERIODONTICS	244	266		36,710.00	138.01	.003	150.45	.36
ENDODONTICS	93	105		21,526.00	205.01	.001	231.46	.21
RESTORATIVE DENTISTRY	827	2,315		176,099.00	76.07	.023	212.94	1.73
PROSTHETICS	50	57		1,575.00	27.63	.001	31.50	.02
DENTURES, STAYPLATES	1,240	2,946		452,529.69	153.61	.029	364.94	4.45
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	2	2	400.00	200.00	.000	200.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.000	.00	.00
ALL OTHER SERVICES	61	97	1,786.40	18.42	.001	29.29	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	101,598 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,035	5,622	\$	107,896.75	\$ 19.19	.055	\$ 53.02	\$ 1.06
DIAGNOSTIC AND ANC. PROCED	348	349		15,925.35	45.63	.003	45.76	.16
EYE APPLIANCES	1,645	4,883		83,766.26	17.15	.048	50.92	.82
OTHER OPTOMETRIC SERVICES	282	390		8,205.14	21.04	.004	29.10	.08
@CHIROPRACTOR	32	57	\$	856.71	\$ 15.03	.001	\$ 26.77	\$.01
VISITS	18	32		522.89	16.34	.000	29.05	.01
OTHER SERVICES	14	25		333.82	13.35	.000	23.84	.00
@PODIATRIST	2,468	3,378	\$	46,083.40	\$ 13.64	.033	\$ 18.67	\$.45
MEDICINE/INJECTIONS	229	254		5,892.25	23.20	.003	25.73	.06
SURGERY/ANES.	2	4		94.04	23.51	.000	47.02	.00
RADIO./PATHOLOGY	3	4		54.29	13.57	.000	18.10	.00
OTHER	2,242	3,116		40,042.82	12.85	.031	17.86	.39
@HOME HEALTH AGENCY	31	213	\$	14,063.64	\$ 66.03	.002	\$ 453.67	\$.14
NURSE ANESTHESIST	86	236	\$	2,358.45	\$ 9.99	.002	\$ 27.42	\$.02
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	5	5	\$	64.85	\$ 12.97	.000	\$ 12.97	\$.00
@TOTAL HOSPITAL	6,470	32,919	\$	4,708,236.88	\$ 143.02	.324	\$ 727.70	\$ 46.34
HOSP INPATIENT TOTAL	1,212	9,736		4,145,428.47	425.78	.096	3420.32	40.80
HSC HOSPITALS	541	3,793		3,478,467.35	917.08	.037	6429.70	34.24
NON-HSC HOSPITAL TOTAL	43	292		135,461.12	463.91	.003	3150.26	1.33
ACCOMMODATIONS	43	292		63,207.00	216.46	.003	1469.93	.62
ADMINISTRATIVE DAYS	34	253		51,659.12	204.19	.002	1519.39	.51
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	39		11,547.88	296.10	.000	1283.10	.11
ANCILLARIES	43	0		72,254.12	.00	.000	1680.33	.71
INPATIENT CROSSOVERS	652	5,651		531,500.00	94.05	.056	815.18	5.23
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,593	23,183		562,808.41	24.28	.228	100.63	5.54
MEDICAL	676	1,001		45,070.32	45.03	.010	66.67	.44
SURGERY	95	136		10,210.94	75.08	.001	107.48	.10
PATHOLOGY	983	4,292		50,779.01	11.83	.042	51.66	.50
RADIOLOGY	363	693		52,388.68	75.60	.007	144.32	.52
ROOM USE	785	1,180		49,737.02	42.15	.012	63.36	.49
CROSSOVERS/ALL OTH OUTPTNT	4,398	15,881		354,622.44	22.33	.156	80.63	3.49
@COUNTY HOSPITAL TOTAL	1,045	6,096	\$	1,348,924.95	\$ 221.28	.060	\$ 1290.84	\$ 13.28
CO HOSPITAL INPATIENT TOTAL	199	1,773		1,225,122.93	690.99	.017	6156.40	12.06
HSC HOSPITALS	158	1,219		1,152,978.30	945.84	.012	7297.33	11.35
NON-HSC HOSPITALS TOTAL	15	158		42,679.95	270.13	.002	2845.33	.42
ACCOMMODATIONS	15	158		33,276.07	210.61	.002	2218.40	.33
ADMINISTRATIVE DAYS	15	158		33,276.07	210.61	.002	2218.40	.33
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	15	0		9,403.88	.00	.000	626.93	.09
INPATIENT CROSSOVERS	39	396		29,464.68	74.41	.004	755.50	.29
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	878	4,323	123,802.02	28.64	.043	141.00	1.22
MEDICAL	519	768	28,265.02	36.80	.008	54.46	.28
SURGERY	31	66	2,709.90	41.06	.001	87.42	.03
PATHOLOGY	367	1,491	18,364.10	12.32	.015	50.04	.18
RADIOLOGY	145	182	14,476.34	79.54	.002	99.84	.14
ROOM USE	560	791	30,260.53	38.26	.008	54.04	.30
CROSSOVERS/ALL OTH OUTPTNT	380	1,025	29,726.13	29.00	.010	78.23	.29

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SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	101,598 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,508	26,823	\$	3,359,311.93	\$ 125.24	.264	\$ 609.90	\$ 33.06
COMM HOSP INPATIENT TOTAL	1,016	7,963		2,920,305.54	366.73	.078	2874.32	28.74
HSC HOSPITALS	386	2,574		2,325,489.05	903.45	.025	6024.58	22.89
NON-HSC HOSPITALS TOTAL	28	134		92,781.17	692.40	.001	3313.61	.91
ACCOMMODATIONS	28	134		29,930.93	223.37	.001	1068.96	.29
ADMINISTRATIVE DAYS	19	95		18,383.05	193.51	.001	967.53	.18
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	39		11,547.88	296.10	.000	1283.10	.11
ANCILLARIES	28	0		62,850.24	.00	.000	2244.65	.62
INPATIENT CROSSOVERS	613	5,255		502,035.32	95.53	.052	818.98	4.94
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,786	18,860		439,006.39	23.28	.186	91.73	4.32
MEDICAL	166	233		16,805.30	72.13	.002	101.24	.17
SURGERY	67	70		7,501.04	107.16	.001	111.96	.07
PATHOLOGY	634	2,801		32,414.91	11.57	.028	51.13	.32
RADIOLOGY	229	511		37,912.34	74.19	.005	165.56	.37
ROOM USE	256	389		19,476.49	50.07	.004	76.08	.19
CROSSOVERS/ALL OTH OUTPTNT	4,032	14,856		324,896.31	21.87	.146	80.58	3.20
@STATE HOSPITAL	2	0	\$	3,651.95	\$.00	.000	\$ 1825.98	\$.04

MENTALLY ILL	2	0	3,651.95	.00	.000	1825.98	.04
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	16,069	470,744	\$ 47,624,976.76	\$ 101.17	4.633	\$ 2963.78	\$ 468.76
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	78	2,400	258,925.22	107.89	.024	3319.55	2.55
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	106	3,872	2,065,862.87	533.54	.038	19489.27	20.33
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	15,924	464,472	45,300,188.67	97.53	4.572	2844.77	445.88
@INTERMEDIATE CARE FACIL.-DD	56	1,664	\$ 231,524.39	\$ 139.14	.016	\$ 4134.36	\$ 2.28
ICF DDH	36	1,054	140,244.44	133.06	.010	3895.68	1.38
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	20	610	91,279.95	149.64	.006	4564.00	.90
@HEMODIALYSIS TOTAL	526	917	\$ 345,413.64	\$ 376.68	.009	\$ 656.68	\$ 3.40
HOSPITAL BASED	12	92	47,122.38	512.20	.001	3926.87	.46
HEMODIALYSIS CENTER	514	825	298,291.26	361.57	.008	580.33	2.94
@REHABILITATION FACILITY	15	76	\$ 1,472.09	\$ 19.37	.001	\$ 98.14	\$.01
HOSPITAL BASED	15	76	1,472.09	19.37	.001	98.14	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	819	3,497	\$ 26,849.96	\$ 7.68	.034	\$ 32.78	\$.26
PATHOLOGY	238	2,153	13,202.52	6.13	.021	55.47	.13
XO AND OTHERS	581	1,344	13,647.44	10.15	.013	23.49	.13
@ORGANIZED OUTPATIENT CLINIC	1,651	3,528	\$ 194,229.65	\$ 55.05	.035	\$ 117.64	\$ 1.91
CLINIC	59	677	12,699.80	18.76	.007	215.25	.13
SURGICENTER	122	660	51,260.57	77.67	.006	420.17	.50
HEROIN DETOX CLINIC	1	10	130.01	13.00	.000	130.01	.00
RURAL HEALTH CLINIC	1,475	2,181	130,139.27	59.67	.021	88.23	1.28

#CALIF DEPT OF HEALTH SERV MOP024 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 55 ALL AGED

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	101,598 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14,892	1,769,752	\$ 3,178,528.75	\$ 1.80	17.419	\$ 213.44	\$ 31.29	
DURABLE MED. EQUIP.	736	3,753	311,967.02	83.12	.037	423.87	3.07	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	138	168	53,752.76	319.96	.002	389.51	.53	
MEDICAL TRANSPORTATION	4,206	119,660	614,476.77	5.14	1.178	146.10	6.05	
AMBULANCES/AIR TRANS	322	2,632	42,495.67	16.15	.026	131.97	.42	
OTHER TRANS	1,917	95,656	392,390.14	4.10	.942	204.69	3.86	
OTHER SERVICES	2,219	21,372	179,590.96	8.40	.210	80.93	1.77	
ACUPUNCTURE	319	736	13,437.81	18.26	.007	42.12	.13	
ADULT DAY HEALTH CARE CTR	399	5,819	387,334.21	66.56	.057	970.76	3.81	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,307	17,913	657,594.43	36.71	.176	503.13	6.47	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	2,320	5,496	76,485.87	13.92	.054	32.97	.75	
PHYSICAL THERAPIST	2	10	89.06	8.91	.000	44.53	.00	
PORTABLE X-RAY	82	175	1,248.34	7.13	.002	15.22	.01	
PROSTHETIST/ORTHOTISTS	90	209	4,660.39	22.30	.002	51.78	.05	
PROSTHETICS	86	202	4,412.45	21.84	.002	51.31	.04	
ORTHOTICS	4	7	247.94	35.42	.000	61.99	.00	
PSYCHOLOGIST	11	13	115.11	8.85	.000	10.46	.00	
SPEECH AND AUDIOLOGY	862	1,895	118,826.12	62.71	.019	137.85	1.17	
HOSPICE SERVICES	159	4,574	407,956.45	89.19	.045	2565.76	4.02	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	6	9	122.42	13.60	.000	20.40	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6,570	1,609,322	530,461.99	.33	15.840	80.74	5.22
@CALIF. CHILDREN SERVICES*	3	1,402	\$ 83.32	\$.06	.014	\$ 27.77	\$.00
@XOVER EXCLUDING STATE HOSP**	24,946	536,090	\$ 4,042,733.29	\$ 7.54	5.277	\$ 162.06	\$ 39.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

	6,583 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,938	538,798	\$	4,632,695.64	\$ 8.60	81.847	\$ 938.17	\$ 703.74
@PHYSICIANS SERVICES	1,786	6,077	\$	215,262.10	\$ 35.42	.923	\$ 120.53	\$ 32.70
OUTPATIENT VISITS	847	1,270		44,830.53	35.30	.193	52.93	6.81
OFFICE VISITS	717	1,008		29,368.01	29.13	.153	40.96	4.46
HOME VISITS	25	27		1,003.50	37.17	.004	40.14	.15
EMERGENCY ROOM	141	179		12,019.54	67.15	.027	85.24	1.83
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	40	56		2,439.48	43.56	.009	60.99	.37
INPATIENT VISITS	145	754		33,689.78	44.68	.115	232.34	5.12
HOSPITAL VISITS	91	632		27,486.51	43.49	.096	302.05	4.18
CRITICAL CARE	10	19		2,713.98	142.84	.003	271.40	.41
SNF/ICF/TRANS IP CARE	56	103		3,489.29	33.88	.016	62.31	.53
OPHTHALMOLOGICAL SERVICES	67	76		3,120.73	41.06	.012	46.58	.47
EXAMINATIONS	67	76		3,120.73	41.06	.012	46.58	.47
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	39	209		19,346.17	92.57	.032	496.06	2.94
PRINCIPAL SURGEON	31	41		15,090.98	368.07	.006	486.81	2.29
ASSISTANT SURGEON	3	3		551.78	183.93	.000	183.93	.08
ANESTHESIOLOGIST	12	165		3,703.41	22.44	.025	308.62	.56
OUTPATIENT SURGERY	96	252		30,689.00	121.78	.038	319.68	4.66
PRINCIPAL SURGEON	75	101		26,370.74	261.10	.015	351.61	4.01
ASSISTANT SURGEON	1	1		244.60	244.60	.000	244.60	.04
ANESTHESIOLOGIST	27	150		4,073.66	27.16	.023	150.88	.62
DIALYSIS	60	233		17,796.60	76.38	.035	296.61	2.70
PATHOLOGY	122	224		1,506.50	6.73	.034	12.35	.23
RADIOLOGY	227	405		18,061.19	44.60	.062	79.56	2.74
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	53	111		1,676.57	15.10	.017	31.63	.25
OTHER SERVICES/ALL X-OVERS	829	2,543		44,545.03	17.52	.386	53.73	6.77
@PHARMACY	4,064	124,713	\$	1,368,616.70	\$ 10.97	18.945	\$ 336.77	\$ 207.90
PRESCRIPTION DRUGS	3,978	19,439		1,217,557.87	62.63	2.953	306.07	184.95
SNF/ICF	175	1,164		69,014.91	59.29	.177	394.37	10.48
OUTPATIENTS	3,819	18,275		1,148,542.96	62.85	2.776	300.74	174.47
MEDICAL SUPPLIES	815	105,274		151,058.83	1.43	15.992	185.35	22.95
@DENTIST	367	1,676	\$	59,161.48	\$ 35.30	.255	\$ 161.20	\$ 8.99
VISITS - DIAGNOSTIC	275	1,152		14,485.50	12.57	.175	52.67	2.20
ORAL SURGERY	65	133		6,668.00	50.14	.020	102.58	1.01
DRUGS	2	2		40.00	20.00	.000	20.00	.01
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.02

PERIODONTICS	35	46	7,610.00	165.43	.007	217.43	1.16
ENDODONTICS	11	13	3,505.00	269.62	.002	318.64	.53
RESTORATIVE DENTISTRY	82	225	16,791.00	74.63	.034	204.77	2.55
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	36	95	9,833.91	103.51	.014	273.16	1.49
SPACE MAINTAINERS	1	1	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	98.07	49.04	.000	49.04	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	5	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
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6,583 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	108	326	\$ 8,139.32	\$ 24.97	.050	\$ 75.36	\$ 1.24
DIAGNOSTIC AND ANC. PROCED	38	38	1,777.59	46.78	.006	46.78	.27
EYE APPLIANCES	89	275	6,228.70	22.65	.042	69.99	.95
OTHER OPTOMETRIC SERVICES	8	13	133.03	10.23	.002	16.63	.02
@CHIROPRACTOR	8	11	\$ 183.02	\$ 16.64	.002	\$ 22.88	\$.03
VISITS	8	11	183.02	16.64	.002	22.88	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	145	217	\$ 5,770.46	\$ 26.59	.033	\$ 39.80	\$.88
MEDICINE/INJECTIONS	68	78	1,928.25	24.72	.012	28.36	.29
SURGERY/ANES.	1	1	42.44	42.44	.000	42.44	.01
RADIO./PATHOLOGY	3	3	33.75	11.25	.000	11.25	.01
OTHER	82	135	3,766.02	27.90	.021	45.93	.57
@HOME HEALTH AGENCY	77	5,747	\$ 181,471.25	\$ 31.58	.873	\$ 2356.77	\$ 27.57
NURSE ANESTHESIST	11	12	\$ 224.18	\$ 18.68	.002	\$ 20.38	\$.03
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	916	6,295	\$ 822,889.86	\$ 130.72	.956	\$ 898.35	\$ 125.00
HOSP INPATIENT TOTAL	126	986	700,405.33	710.35	.150	5558.77	106.40
HSC HOSPITALS	96	607	619,997.28	1021.41	.092	6458.31	94.18
NON-HSC HOSPITAL TOTAL	4	157	60,229.47	383.63	.024	15057.37	9.15
ACCOMMODATIONS	4	157	35,880.68	228.54	.024	8970.17	5.45
ADMINISTRATIVE DAYS	4	157	35,880.68	228.54	.024	8970.17	5.45
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	4	0	24,348.79	.00	.000	6087.20	3.70
INPATIENT CROSSOVERS	28	222	20,178.58	90.89	.034	720.66	3.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	853	5,309	122,484.53	23.07	.806	143.59	18.61
MEDICAL	191	248	9,674.81	39.01	.038	50.65	1.47
SURGERY	55	159	6,015.26	37.83	.024	109.37	.91
PATHOLOGY	422	2,413	29,907.30	12.39	.367	70.87	4.54
RADIOLOGY	133	191	13,479.69	70.57	.029	101.35	2.05
ROOM USE	317	463	18,985.40	41.01	.070	59.89	2.88
CROSSOVERS/ALL OTH OUTPTNT	387	1,835	44,422.07	24.21	.279	114.79	6.75
@COUNTY HOSPITAL TOTAL	207	2,097	\$ 218,603.23	\$ 104.25	.319	\$ 1056.05	\$ 33.21
CO HOSPITAL INPATIENT TOTAL	28	198	171,293.57	865.12	.030	6117.63	26.02
HSC HOSPITALS	25	167	169,122.79	1012.71	.025	6764.91	25.69
NON-HSC HOSPITALS TOTAL	0	0	227.89CR	.00	.000	.00	.03CR
ACCOMMODATIONS	0	0	227.89CR	.00	.000	.00	.03CR

ADMINISTRATIVE DAYS	0	0	227.89CR	.00	.000	.00	.03CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	31	2,398.67	77.38	.005	799.56	.36
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	190	1,899	47,309.66	24.91	.288	249.00	7.19
MEDICAL	103	136	6,071.10	44.64	.021	58.94	.92
SURGERY	21	120	3,193.37	26.61	.018	152.07	.49
PATHOLOGY	98	700	8,612.44	12.30	.106	87.88	1.31
RADIOLOGY	26	48	4,693.62	97.78	.007	180.52	.71
ROOM USE	117	157	6,805.55	43.35	.024	58.17	1.03
CROSSOVERS/ALL OTH OUTPTNT	77	738	17,933.58	24.30	.112	232.90	2.72

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SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

6,583 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	742	4,198	\$ 604,286.63	\$ 143.95	.638	\$ 814.40	\$ 91.80
COMM HOSP INPATIENT TOTAL	100	788	529,111.76	671.46	.120	5291.12	80.38
HSC HOSPITALS	73	440	450,874.49	1024.71	.067	6176.36	68.49
NON-HSC HOSPITALS TOTAL	4	157	60,457.36	385.08	.024	15114.34	9.18
ACCOMMODATIONS	4	157	36,108.57	229.99	.024	9027.14	5.49
ADMINISTRATIVE DAYS	4	157	36,108.57	229.99	.024	9027.14	5.49
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	4	0	24,348.79	.00	.000	6087.20	3.70
INPATIENT CROSSOVERS	25	191	17,779.91	93.09	.029	711.20	2.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	689	3,410	75,174.87	22.05	.518	109.11	11.42
MEDICAL	92	112	3,603.71	32.18	.017	39.17	.55
SURGERY	36	39	2,821.89	72.36	.006	78.39	.43
PATHOLOGY	329	1,713	21,294.86	12.43	.260	64.73	3.23
RADIOLOGY	108	143	8,786.07	61.44	.022	81.35	1.33
ROOM USE	206	306	12,179.85	39.80	.046	59.13	1.85
CROSSOVERS/ALL OTH OUTPTNT	313	1,097	26,488.49	24.15	.167	84.63	4.02
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	150	3,604	\$ 648,384.63	\$ 179.91	.547	\$ 4322.56	\$ 98.49
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	7	188	22,734.84	120.93	.029	3247.83	3.45
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	11	429	226,108.90	527.06	.065	20555.35	34.35
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	133	2,987	399,540.89	133.76	.454	3004.07	60.69
@INTERMEDIATE CARE FACIL.-DD	75	2,335	\$ 373,748.70	\$ 160.06	.355	\$ 4983.32	\$ 56.77
ICF DDH	27	879	130,225.41	148.15	.134	4823.16	19.78
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	48	1,456	243,523.29	167.26	.221	5073.40	36.99
@HEMODIALYSIS TOTAL	195	2,986	\$ 305,640.67	\$ 102.36	.454	\$ 1567.39	\$ 46.43
HOSPITAL BASED	24	198	103,016.47	520.29	.030	4292.35	15.65
HEMODIALYSIS CENTER	171	2,788	202,624.20	72.68	.424	1184.94	30.78
@REHABILITATION FACILITY	50	240	\$ 4,828.35	\$ 20.12	.036	\$ 96.57	\$.73
HOSPITAL BASED	8	45	1,136.08	25.25	.007	142.01	.17

INDEPENDENT FACILITY	43	195		3,692.27		18.93	.030	85.87	.56
@LABORATORY FACILITY	112	639	\$	4,680.61	\$	7.32	.097	\$ 41.79	\$.71
PATHOLOGY	87	584		4,167.14		7.14	.089	47.90	.63
XO AND OTHERS	25	55		513.47		9.34	.008	20.54	.08
@ORGANIZED OUTPATIENT CLINIC	177	395	\$	27,324.42	\$	69.18	.060	\$ 154.38	\$ 4.15
CLINIC	21	53		3,510.93		66.24	.008	167.19	.53
SURGICENTER	17	128		7,840.46		61.25	.019	461.20	1.19
HEROIN DETOX CLINIC	1	36		371.61		10.32	.005	371.61	.06
RURAL HEALTH CLINIC	138	178		15,601.42		87.65	.027	113.05	2.37

#CALIF DEPT OF HEALTH SERV MOP024
 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 56 ALL BLIND

PAGE 11,776
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	6,583 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,307		383,525	\$ 606,369.89	\$ 1.58	58.260	\$ 463.94	\$ 92.11
DURABLE MED. EQUIP.	103		311	71,236.99	229.06	.047	691.62	10.82
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8		10	1,213.52	121.35	.002	151.69	.18
MEDICAL TRANSPORTATION	381		30,833	126,463.19	4.10	4.684	331.92	19.21
AMBULANCES/AIR TRANS	87		936	15,970.88	17.06	.142	183.57	2.43
OTHER TRANS	185		28,792	98,789.31	3.43	4.374	534.00	15.01
OTHER SERVICES	126		1,105	11,703.00	10.59	.168	92.88	1.78
ACUPUNCTURE	36		65	1,173.21	18.05	.010	32.59	.18
ADULT DAY HEALTH CARE CTR	26		500	33,393.66	66.79	.076	1284.37	5.07
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	139		10,460	249,075.27	23.81	1.589	1791.91	37.84
OCCUPATIONAL THERAPIST	2		6	137.84	22.97	.001	68.92	.02
OPTICIAN	128		304	8,058.29	26.51	.046	62.96	1.22
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	9		24	466.04	19.42	.004	51.78	.07
PROSTHETIST/ORTHOTISTS	10		73	8,982.96	123.05	.011	898.30	1.36

PROSTHETICS	10	73	8,982.96	123.05	.011	898.30	1.36
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	12	97.28	8.11	.002	48.64	.01
SPEECH AND AUDIOLOGY	44	132	5,561.97	42.14	.020	126.41	.84
HOSPICE SERVICES	4	140	15,949.50	113.93	.021	3987.38	2.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	80	1,275	7,705.87	6.04	.194	96.32	1.17
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	594	339,380	76,854.30	.23	51.554	129.38	11.67
@CALIF. CHILDREN SERVICES*	240	59,262	\$ 286,229.16	\$ 4.83	9.002	\$ 1192.62	\$ 43.48
@XOVER EXCLUDING STATE HOSP**	1,115	28,310	\$ 239,641.61	\$ 8.46	4.300	\$ 214.93	\$ 36.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

229,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	183,922	10,925,870	\$ 138,610,272.31	\$ 12.69	47.608	\$ 753.64	\$ 603.98
@PHYSICIANS SERVICES	67,448	220,940	\$ 7,776,621.18	\$ 35.20	.963	\$ 115.30	\$ 33.89
OUTPATIENT VISITS	41,665	61,544	2,045,061.55	33.23	.268	49.08	8.91
OFFICE VISITS	35,058	48,944	1,402,209.35	28.65	.213	40.00	6.11
HOME VISITS	640	718	28,521.17	39.72	.003	44.56	.12
EMERGENCY ROOM	7,183	9,371	518,725.93	55.35	.041	72.22	2.26
PREVENTIVE CARE	8	7	335.22	47.89	.000	41.90	.00
OB VISITS/COMPRE PERI	236	864	33,266.07	38.50	.004	140.96	.14
OTHER OUTPATIENT	1,317	1,640	62,003.81	37.81	.007	47.08	.27
INPATIENT VISITS	4,741	23,466	1,124,700.21	47.93	.102	237.23	4.90
HOSPITAL VISITS	3,134	18,582	823,940.59	44.34	.081	262.90	3.59
CRITICAL CARE	282	1,391	175,699.67	126.31	.006	623.05	.77
SNF/ICF/TRANS IP CARE	1,682	3,493	125,059.95	35.80	.015	74.35	.54
OPHTHALMOLOGICAL SERVICES	1,209	1,310	58,888.71	44.95	.006	48.71	.26
EXAMINATIONS	1,202	1,303	58,713.71	45.06	.006	48.85	.26
SERVICES AND MATERIALS	7	7	175.00	25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	1,619	9,535	873,247.02	91.58	.042	539.37	3.81
PRINCIPAL SURGEON	1,184	1,763	662,905.93	376.01	.008	559.89	2.89
ASSISTANT SURGEON	138	152	30,109.48	198.09	.001	218.18	.13
ANESTHESIOLOGIST	623	7,620	180,231.61	23.65	.033	289.30	.79
OUTPATIENT SURGERY	3,417	7,547	766,202.45	101.52	.033	224.23	3.34
PRINCIPAL SURGEON	2,937	3,819	651,269.12	170.53	.017	221.75	2.84
ASSISTANT SURGEON	35	35	6,653.76	190.11	.000	190.11	.03
ANESTHESIOLOGIST	741	3,693	108,279.57	29.32	.016	146.13	.47
DIALYSIS	679	2,273	192,123.78	84.52	.010	282.95	.84
PATHOLOGY	6,148	11,817	121,473.43	10.28	.051	19.76	.53
RADIOLOGY	9,697	19,111	925,962.00	48.45	.083	95.49	4.03
PSYCHIATRY	5	11	515.43	46.86	.000	103.09	.00
IMMUNIZATION AND INJECTION	2,425	7,497	252,053.79	33.62	.033	103.94	1.10
OTHER SERVICES/ALL X-OVERS	23,929	76,829	1,416,392.81	18.44	.335	59.19	6.17
@PHARMACY	148,215	1,710,939	\$ 49,158,502.20	\$ 28.73	7.455	\$ 331.67	\$ 214.20
PRESCRIPTION DRUGS	146,546	672,173	46,379,741.35	69.00	2.929	316.49	202.09
SNF/ICF	5,201	34,924	2,618,687.48	74.98	.152	503.50	11.41
OUTPATIENTS	141,717	637,249	43,761,053.87	68.67	2.777	308.79	190.68

CROSSOVERS/ALL OTH OUTPTNT	14,113	59,312		1,226,743.35		20.68	.258	86.92		5.35
@COUNTY HOSPITAL TOTAL	13,109	89,136	\$	10,832,587.24	\$	121.53	.388	\$ 826.35	\$	47.20
CO HOSPITAL INPATIENT TOTAL	1,094	10,248		8,559,027.54		835.19	.045	7823.61		37.30
HSC HOSPITALS	1,014	7,525		7,852,947.92		1043.58	.033	7744.52		34.22
NON-HSC HOSPITALS TOTAL	56	1,938		623,200.10		321.57	.008	11128.57		2.72
ACCOMMODATIONS	56	1,938		442,865.33		228.52	.008	7908.31		1.93
ADMINISTRATIVE DAYS	56	1,938		442,840.36		228.50	.008	7907.86		1.93
TRANSITIONAL IP CARE	0	0		24.97		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	56	0		180,334.77		.00	.000	3220.26		.79
INPATIENT CROSSOVERS	61	785		82,879.52		105.58	.003	1358.68		.36
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	12,603	78,888		2,273,559.70		28.82	.344	180.40		9.91
MEDICAL	7,442	12,421		480,340.96		38.67	.054	64.54		2.09
SURGERY	740	1,525		68,286.13		44.78	.007	92.28		.30
PATHOLOGY	6,950	34,139		419,501.85		12.29	.149	60.36		1.83
RADIOLOGY	2,395	3,473		331,375.62		95.41	.015	138.36		1.44
ROOM USE	8,659	14,012		547,547.30		39.08	.061	63.23		2.39
CROSSOVERS/ALL OTH OUTPTNT	3,887	13,318		426,507.84		32.02	.058	109.73		1.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									
MOP024	FEE-FOR-SERVICE/DENTAL									
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED									

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	229,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26,782	156,970	\$	19,647,018.74	\$ 125.16	.684	\$ 733.59	\$ 85.61
COMM HOSP INPATIENT TOTAL	2,828	20,566		16,462,420.41	800.47	.090	5821.22	71.73
HSC HOSPITALS	2,146	14,195		15,181,911.85	1069.53	.062	7074.52	66.15
NON-HSC HOSPITALS TOTAL	131	1,053		753,483.72	715.56	.005	5751.78	3.28
ACCOMMODATIONS	131	1,053		324,158.97	307.84	.005	2474.50	1.41
ADMINISTRATIVE DAYS	86	852		195,129.87	229.03	.004	2268.95	.85
TRANSITIONAL IP CARE	0	0		251.70	.00	.000	.00	.00
ALL OTHER ACCOM	45	201		128,777.40	640.68	.001	2861.72	.56
ANCILLARIES	129	0		429,324.75	.00	.000	3328.10	1.87
INPATIENT CROSSOVERS	602	5,318		527,024.84	99.10	.023	875.46	2.30
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	25,086	136,404		3,184,598.33	23.35	.594	126.95	13.88
MEDICAL	3,536	5,127		301,264.69	58.76	.022	85.20	1.31
SURGERY	1,110	1,254		86,701.03	69.14	.005	78.11	.38
PATHOLOGY	12,721	61,997		742,680.80	11.98	.270	58.38	3.24
RADIOLOGY	4,578	8,403		682,006.19	81.16	.037	148.97	2.97
ROOM USE	9,292	13,629		571,710.11	41.95	.059	61.53	2.49
CROSSOVERS/ALL OTH OUTPTNT	10,471	45,994		800,235.51	17.40	.200	76.42	3.49
@STATE HOSPITAL	36	1,057	\$	576,560.60	\$ 545.47	.005	\$ 16015.57	\$ 2.51
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	36	1,057		576,560.60	545.47	.005	16015.57	2.51
@NURSING FACILITY	4,487	126,620	\$	21,308,177.54	\$ 168.28	.552	\$ 4748.87	\$ 92.85
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	474	14,864		1,727,697.60	116.23	.065	3644.93	7.53
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	469	15,536		8,386,335.98	539.80	.068	17881.31	36.54
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3,629	96,220		11,194,143.96	116.34	.419	3084.64	48.78
@INTERMEDIATE CARE FACIL.-DD	1,960	59,947	\$	9,038,868.68	\$ 150.78	.261	\$ 4611.67	\$ 39.39
ICF DDH	1,292	39,821		5,589,192.52	140.36	.174	4326.00	24.35
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	668	20,126		3,449,676.16		171.40	.088	5164.19	15.03
@HEMODIALYSIS TOTAL	1,839	43,544	\$	2,893,581.99	\$	66.45	.190	\$ 1573.45	\$ 12.61
HOSPITAL BASED	162	1,340		785,119.29		585.91	.006	4846.42	3.42
HEMODIALYSIS CENTER	1,679	42,204		2,108,462.70		49.96	.184	1255.78	9.19
@REHABILITATION FACILITY	905	7,184	\$	143,065.35	\$	19.91	.031	\$ 158.08	\$.62
HOSPITAL BASED	325	2,129		45,074.03		21.17	.009	138.69	.20
INDEPENDENT FACILITY	584	5,055		97,991.32		19.39	.022	167.79	.43
@LABORATORY FACILITY	4,062	22,465	\$	218,193.46	\$	9.71	.098	\$ 53.72	\$.95
PATHOLOGY	3,647	21,461		209,446.90		9.76	.094	57.43	.91
XO AND OTHERS	415	1,004		8,746.56		8.71	.004	21.08	.04
@ORGANIZED OUTPATIENT CLINIC	7,842	17,125	\$	1,022,897.75	\$	59.73	.075	\$ 130.44	\$ 4.46
CLINIC	1,051	4,925		109,589.29		22.25	.021	104.27	.48
SURGICENTER	241	1,376		91,087.51		66.20	.006	377.96	.40
HEROIN DETOX CLINIC	158	1,956		22,372.60		11.44	.009	141.60	.10
RURAL HEALTH CLINIC	6,464	8,868		799,848.35		90.19	.039	123.74	3.49
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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						----- MONTHLY AVERAGE -----		
229,495 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	34,550	8,292,935	\$ 9,899,332.75	\$ 1.19	36.136	\$ 286.52	\$ 43.14	
DURABLE MED. EQUIP.	3,161	14,333	2,034,423.72	141.94	.062	643.60	8.86	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	134	198	66,665.91	336.70	.001	497.51	.29	
MEDICAL TRANSPORTATION	7,682	295,534	1,708,504.35	5.78	1.288	222.40	7.44	
AMBULANCES/AIR TRANS	3,419	30,589	596,292.70	19.49	.133	174.41	2.60	
OTHER TRANS	2,255	240,060	868,148.48	3.62	1.046	384.99	3.78	
OTHER SERVICES	2,365	24,885	244,063.17	9.81	.108	103.20	1.06	
ACUPUNCTURE	1,095	2,159	40,506.43	18.76	.009	36.99	.18	
ADULT DAY HEALTH CARE CTR	749	11,002	735,026.18	66.81	.048	981.34	3.20	
GENETIC DISEASE TESTING	94	96	8,501.00	88.55	.000	90.44	.04	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,087	82,668	2,331,614.69	28.20	.360	2145.00	10.16	
OCCUPATIONAL THERAPIST	57	1,104	5,421.98	4.91	.005	95.12	.02	
OPTICIAN	6,413	15,061	191,419.71	12.71	.066	29.85	.83	
PHYSICAL THERAPIST	10	348	1,638.86	4.71	.002	163.89	.01	
PORTABLE X-RAY	179	425	8,312.18	19.56	.002	46.44	.04	
PROSTHETIST/ORTHOTISTS	426	1,443	135,397.11	93.83	.006	317.83	.59	
PROSTHETICS	404	1,413	134,185.14	94.96	.006	332.14	.58	
ORTHOTICS	22	30	1,211.97	40.40	.000	55.09	.01	
PSYCHOLOGIST	15	67	694.39	10.36	.000	46.29	.00	
SPEECH AND AUDIOLOGY	832	2,346	124,914.43	53.25	.010	150.14	.54	
HOSPICE SERVICES	120	3,052	394,559.14	129.28	.013	3287.99	1.72	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	4,919	35,223	357,742.84	10.16	.153	72.73	1.56	
EPSDT SUPPLEMENTAL SERVICE	12	2,776	68,576.12	24.70	.012	5714.68	.30	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	12,131	7,825,100	1,685,413.71	.22	34.097	138.93	7.34	
@CALIF. CHILDREN SERVICES*	4,432	357,064	\$ 7,588,062.48	\$ 21.25	1.556	\$ 1712.11	\$ 33.06	
@XOVER EXCLUDING STATE HOSP**	26,822	399,085	\$ 4,051,270.16	\$ 10.15	1.739	\$ 151.04	\$ 17.65	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,781
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SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

211,485 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	163,599	860,301	\$ 43,927,883.20	\$ 51.06	4.068	\$ 268.51	\$ 207.71
@PHYSICIANS SERVICES	26,313	82,757	\$ 5,082,977.62	\$ 61.42	.391	\$ 193.17	\$ 24.03
OUTPATIENT VISITS	17,628	30,647	1,060,326.27	34.60	.145	60.15	5.01
OFFICE VISITS	10,106	12,994	441,081.77	33.95	.061	43.65	2.09
HOME VISITS	47	64	2,802.88	43.80	.000	59.64	.01
EMERGENCY ROOM	4,575	5,145	255,205.16	49.60	.024	55.78	1.21
PREVENTIVE CARE	75	80	3,196.70	39.96	.000	42.62	.02
OB VISITS/COMPRE PERI	2,637	10,867	312,286.06	28.74	.051	118.42	1.48
OTHER OUTPATIENT	1,228	1,497	45,753.70	30.56	.007	37.26	.22
INPATIENT VISITS	2,871	13,580	1,364,493.70	100.48	.064	475.27	6.45
HOSPITAL VISITS	2,391	7,080	348,101.11	49.17	.033	145.59	1.65
CRITICAL CARE	675	6,434	1,013,393.35	157.51	.030	1501.32	4.79
SNF/ICF/TRANS IP CARE	15	66	2,999.24	45.44	.000	199.95	.01
OPHTHALMOLOGICAL SERVICES	440	530	26,538.87	50.07	.003	60.32	.13
EXAMINATIONS	429	519	26,301.87	50.68	.002	61.31	.12
SERVICES AND MATERIALS	11	11	237.00	21.55	.000	21.55	.00
INPATIENT HOSPITAL SURGERY	2,414	8,798	1,486,093.50	168.91	.042	615.61	7.03
PRINCIPAL SURGEON	1,853	2,301	1,260,911.07	547.98	.011	680.47	5.96
ASSISTANT SURGEON	282	282	53,846.85	190.95	.001	190.95	.25
ANESTHESIOLOGIST	682	6,215	171,335.58	27.57	.029	251.23	.81
OUTPATIENT SURGERY	2,441	4,756	357,511.59	75.17	.022	146.46	1.69
PRINCIPAL SURGEON	2,223	2,842	300,824.12	105.85	.013	135.32	1.42
ASSISTANT SURGEON	20	20	3,028.30	151.42	.000	151.42	.01
ANESTHESIOLOGIST	478	1,894	53,659.17	28.33	.009	112.26	.25
DIALYSIS	39	107	12,817.46	119.79	.001	328.65	.06
PATHOLOGY	2,637	5,363	66,009.41	12.31	.025	25.03	.31
RADIOLOGY	4,248	7,383	322,477.81	43.68	.035	75.91	1.52
PSYCHIATRY	12	25	977.67	39.11	.000	81.47	.00

IMMUNIZATION AND INJECTION	586	2,207		101,669.20		46.07	.010	173.50	.48	
OTHER SERVICES/ALL X-OVERS	3,605	9,361		284,062.14		30.35	.044	78.80	1.34	
@PHARMACY	26,292	68,484	\$	3,513,382.04	\$	51.30	.324	\$ 133.63	\$ 16.61	
PRESCRIPTION DRUGS	25,703	56,527		2,768,740.44		48.98	.267	107.72	13.09	
SNF/ICF	23	130		11,163.81		85.88	.001	485.38	.05	
OUTPATIENTS	25,682	56,397		2,757,576.63		48.90	.267	107.37	13.04	
MEDICAL SUPPLIES	1,353	11,957		744,641.60		62.28	.057	550.36	3.52	
@DENTIST	52,580	321,545	\$	9,683,913.94	\$	30.12	1.520	\$ 184.17	\$ 45.79	
VISITS - DIAGNOSTIC	39,360	215,196		2,801,632.18		13.02	1.018	71.18	13.25	
ORAL SURGERY	8,964	17,551		933,942.73		53.21	.083	104.19	4.42	
DRUGS	1,101	1,295		27,394.25		21.15	.006	24.88	.13	
ANESTHESIA	361	373		33,225.00		89.08	.002	92.04	.16	
PERIODONTICS	2,219	2,524		313,320.25		124.14	.012	141.20	1.48	
ENDODONTICS	4,565	7,438		954,083.70		128.27	.035	209.00	4.51	
RESTORATIVE DENTISTRY	20,806	70,986		4,100,540.25		57.77	.336	197.08	19.39	
PROSTHETICS	182	195		4,320.00		22.15	.001	23.74	.02	
DENTURES, STAYPLATES	683	2,425		232,562.00		95.90	.011	340.50	1.10	
SPACE MAINTAINERS	359	442		50,701.37		114.71	.002	141.23	.24	
MAXILLOFACIAL SERVICES	199	216		24,408.74		113.00	.001	122.66	.12	
FRACTURES, DISLOCATIONS	4	5		700.00		140.00	.000	175.00	.00	
ORTHODONTIC SERVICES	2,003	2,616		205,253.47		78.46	.012	102.47	.97	
ALL OTHER SERVICES	206	283		1,830.00		6.47	.001	8.88	.01	
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES									

211,485 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,274	3,624	\$ 84,483.82	\$ 23.31	.017	\$ 66.31	\$.40
DIAGNOSTIC AND ANC. PROCED	947	961	44,445.30	46.25	.005	46.93	.21
EYE APPLIANCES	915	2,655	39,733.20	14.97	.013	43.42	.19
OTHER OPTOMETRIC SERVICES	6	8	305.32	38.17	.000	50.89	.00
@CHIROPRACTOR	881	1,530	\$ 24,994.28	\$ 16.34	.007	\$ 28.37	\$.12
VISITS	879	1,523	24,960.44	16.39	.007	28.40	.12
OTHER SERVICES	2	7	33.84	4.83	.000	16.92	.00
@PODIATRIST	57	91	\$ 3,677.50	\$ 40.41	.000	\$ 64.52	\$.02
MEDICINE/INJECTIONS	50	57	2,024.54	35.52	.000	40.49	.01
SURGERY/ANES.	8	10	704.39	70.44	.000	88.05	.00
RADIO./PATHOLOGY	11	13	206.75	15.90	.000	18.80	.00
OTHER	4	11	741.82	67.44	.000	185.46	.00
@HOME HEALTH AGENCY	122	6,392	\$ 212,973.41	\$ 33.32	.030	\$ 1745.68	\$ 1.01
NURSE ANESTHESIST	1	3	71.85	23.95	.000	71.85	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	32	45	\$ 1,564.57	\$ 34.77	.000	\$ 48.89	\$.01
@TOTAL HOSPITAL	19,542	85,878	\$ 20,506,292.91	\$ 238.78	.406	\$ 1049.34	\$ 96.96
HOSP INPATIENT TOTAL	3,092	16,185	18,380,694.56	1135.66	.077	5944.60	86.91
HSC HOSPITALS	3,055	15,897	18,204,383.25	1145.15	.075	5958.88	86.08
NON-HSC HOSPITAL TOTAL	33	183	165,767.76	905.83	.001	5023.27	.78
ACCOMMODATIONS	33	183	74,196.17	405.44	.001	2248.37	.35
ADMINISTRATIVE DAYS	12	99	22,211.22	224.36	.000	1850.94	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	84	51,984.95	618.87	.000	2475.47	.25
ANCILLARIES	33	0	91,571.59	.00	.000	2774.90	.43
INPATIENT CROSSOVERS	10	105	10,543.55	100.41	.000	1054.36	.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	17,852	69,693	2,125,598.35	30.50	.330	119.07	10.05
MEDICAL	3,495	4,876	238,028.30	48.82	.023	68.11	1.13
SURGERY	933	1,231	65,548.97	53.25	.006	70.26	.31
PATHOLOGY	7,895	30,579	400,605.66	13.10	.145	50.74	1.89
RADIOLOGY	3,224	4,456	362,061.85	81.25	.021	112.30	1.71
ROOM USE	9,871	13,717	544,392.49	39.69	.065	55.15	2.57
CROSSOVERS/ALL OTH OUTPTNT	6,730	14,834	514,961.08	34.71	.070	76.52	2.43
@COUNTY HOSPITAL TOTAL	7,478	33,776	\$ 8,747,007.92	\$ 258.97	.160	\$ 1169.70	\$ 41.36
CO HOSPITAL INPATIENT TOTAL	1,568	7,451	7,808,005.72	1047.91	.035	4979.60	36.92
HSC HOSPITALS	1,565	7,395	7,792,768.20	1053.79	.035	4979.40	36.85
NON-HSC HOSPITALS TOTAL	6	56	15,237.52	272.10	.000	2539.59	.07
ACCOMMODATIONS	6	56	12,833.20	229.16	.000	2138.87	.06
ADMINISTRATIVE DAYS	6	56	12,833.20	229.16	.000	2138.87	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	6	0	2,404.32	.00	.000	400.72	.01
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6,764	26,325	939,002.20	35.67	.124	138.82	4.44
MEDICAL	1,963	2,868	121,870.65	42.49	.014	62.08	.58
SURGERY	355	535	29,776.46	55.66	.003	83.88	.14
PATHOLOGY	2,620	10,444	141,027.82	13.50	.049	53.83	.67
RADIOLOGY	1,228	1,650	157,532.98	95.47	.008	128.28	.74
ROOM USE	3,668	5,567	221,650.83	39.82	.026	60.43	1.05
CROSSOVERS/ALL OTH OUTPTNT	3,009	5,261	267,143.46	50.78	.025	88.78	1.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 11,783
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES						

					----- MONTHLY AVERAGE -----			
211,485 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	12,627	52,102	\$ 11,759,284.99	\$ 225.70	.246	\$ 931.28	\$ 55.60	
COMM HOSP INPATIENT TOTAL	1,554	8,734	10,572,688.84	1210.52	.041	6803.53	49.99	
HSC HOSPITALS	1,519	8,502	10,411,615.05	1224.61	.040	6854.26	49.23	
NON-HSC HOSPITALS TOTAL	27	127	150,530.24	1185.28	.001	5575.19	.71	
ACCOMMODATIONS	27	127	61,362.97	483.17	.001	2272.70	.29	
ADMINISTRATIVE DAYS	6	43	9,378.02	218.09	.000	1563.00	.04	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	21	84	51,984.95	618.87	.000	2475.47	.25	
ANCILLARIES	27	0	89,167.27	.00	.000	3302.49	.42	
INPATIENT CROSSOVERS	10	105	10,543.55	100.41	.000	1054.36	.05	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	11,541	43,368	1,186,596.15	27.36	.205	102.82	5.61	
MEDICAL	1,569	2,008	116,157.65	57.85	.009	74.03	.55	
SURGERY	589	696	35,772.51	51.40	.003	60.73	.17	
PATHOLOGY	5,402	20,135	259,577.84	12.89	.095	48.05	1.23	
RADIOLOGY	2,041	2,806	204,528.87	72.89	.013	100.21	.97	
ROOM USE	6,399	8,150	322,741.66	39.60	.039	50.44	1.53	
CROSSOVERS/ALL OTH OUTPTNT	3,780	9,573	247,817.62	25.89	.045	65.56	1.17	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	17	411	\$ 155,054.33	\$ 377.26	.002	\$ 9120.84	\$.73	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	3	69	41,209.33	597.24	.000	13736.44	.19	

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,784
FEE-FOR-SERVICE/DENTAL 01/17/03
SUMMARY OF SERVICES FOR 58 ALL FAMILIES

@XOVER EXCLUDING STATE HOSP** 129 1,889 \$ 30,618.48 \$ 16.21 .009 \$ 237.35 \$.14

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 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,785
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 SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

	17,281 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,419	180,896	\$	2,571,210.72	\$ 14.21	10.468	\$ 346.57	\$ 148.79
@PHYSICIANS SERVICES	2,486	6,833	\$	328,721.31	\$ 48.11	.395	\$ 132.23	\$ 19.02
OUTPATIENT VISITS	1,795	2,925		97,027.44	33.17	.169	54.05	5.61
OFFICE VISITS	1,242	1,631		50,545.89	30.99	.094	40.70	2.92
HOME VISITS	4	4		137.20	34.30	.000	34.30	.01
EMERGENCY ROOM	339	375		19,194.30	51.18	.022	56.62	1.11
PREVENTIVE CARE	7	7		303.31	43.33	.000	43.33	.02
OB VISITS/COMPRE PERI	175	743		22,418.65	30.17	.043	128.11	1.30
OTHER OUTPATIENT	133	165		4,428.09	26.84	.010	33.29	.26
INPATIENT VISITS	182	745		62,174.13	83.46	.043	341.62	3.60
HOSPITAL VISITS	148	396		18,228.94	46.03	.023	123.17	1.05
CRITICAL CARE	36	336		43,343.89	129.00	.019	1204.00	2.51
SNF/ICF/TRANS IP CARE	7	13		601.30	46.25	.001	85.90	.03
OPHTHALMOLOGICAL SERVICES	64	74		3,527.71	47.67	.004	55.12	.20
EXAMINATIONS	63	73		3,502.71	47.98	.004	55.60	.20
SERVICES AND MATERIALS	1	1		25.00	25.00	.000	25.00	.00
INPATIENT HOSPITAL SURGERY	155	542		91,728.71	169.24	.031	591.80	5.31
PRINCIPAL SURGEON	117	141		78,525.07	556.92	.008	671.15	4.54
ASSISTANT SURGEON	18	18		3,625.26	201.40	.001	201.40	.21
ANESTHESIOLOGIST	46	383		9,578.38	25.01	.022	208.23	.55
OUTPATIENT SURGERY	200	375		26,447.72	70.53	.022	132.24	1.53
PRINCIPAL SURGEON	186	247		22,781.60	92.23	.014	122.48	1.32
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	32	128		3,666.12	28.64	.007	114.57	.21
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	200	360		2,690.74	7.47	.021	13.45	.16
RADIOLOGY	345	528		20,489.83	38.81	.031	59.39	1.19
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	60	90		2,929.16	32.55	.005	48.82	.17
OTHER SERVICES/ALL X-OVERS	338	1,194		21,705.87	18.18	.069	64.22	1.26
@PHARMACY	2,771	7,293	\$	379,829.25	\$ 52.08	.422	\$ 137.07	\$ 21.98
PRESCRIPTION DRUGS	2,740	6,026		360,606.18	59.84	.349	131.61	20.87
SNF/ICF	41	264		21,993.66	83.31	.015	536.43	1.27
OUTPATIENTS	2,706	5,762		338,612.52	58.77	.333	125.13	19.59
MEDICAL SUPPLIES	98	1,267		19,223.07	15.17	.073	196.15	1.11
@DENTIST	1,303	7,736	\$	226,567.56	\$ 29.29	.448	\$ 173.88	\$ 13.11
VISITS - DIAGNOSTIC	974	5,237		72,450.64	13.83	.303	74.38	4.19
ORAL SURGERY	193	394		28,001.75	71.07	.023	145.09	1.62
DRUGS	40	46		995.00	21.63	.003	24.88	.06
ANESTHESIA	14	14		1,235.00	88.21	.001	88.21	.07
PERIODONTICS	30	38		3,723.50	97.99	.002	124.12	.22
ENDODONTICS	109	210		21,501.50	102.39	.012	197.26	1.24
RESTORATIVE DENTISTRY	469	1,653		86,600.00	52.39	.096	184.65	5.01
PROSTHETICS	2	2		60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	4	6		697.00	116.17	.000	174.25	.04

MAXILLOFACIAL SERVICES	7	7	488.17	69.74	.000	69.74	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	92	122	10,815.00	88.65	.007	117.55	.63
ALL OTHER SERVICES	6	7	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

	17,281 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	150	411	\$	9,218.14	\$ 22.43	.024 \$ 61.45	\$.53
DIAGNOSTIC AND ANC. PROCED	103	103		4,831.03	46.90	.006 46.90	.28
EYE APPLIANCES	110	308		4,387.11	14.24	.018 39.88	.25
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000 .00	.00
@CHIROPRACTOR	51	93	\$	1,541.65	\$ 16.58	.005 \$ 30.23	\$.09
VISITS	51	93		1,541.65	16.58	.005 30.23	.09
OTHER SERVICES	0	0		.00	.00	.000 .00	.00
@PODIATRIST	22	35	\$	867.19	\$ 24.78	.002 \$ 39.42	\$.05
MEDICINE/INJECTIONS	20	31		776.57	25.05	.002 38.83	.04
SURGERY/ANES.	2	2		56.02	28.01	.000 28.01	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000 34.60	.00
OTHER	0	0		.00	.00	.000 .00	.00
@HOME HEALTH AGENCY	18	1,353	\$	39,730.39	\$ 29.36	.078 \$ 2207.24	\$ 2.30
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	1	5	\$	94.12	\$ 18.82	.000 \$ 94.12	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	9	12	\$	376.49	\$ 31.37	.001 \$ 41.83	\$.02
@TOTAL HOSPITAL	1,561	6,082	\$	1,127,647.88	\$ 185.41	.352 \$ 722.39	\$ 65.25
HOSP INPATIENT TOTAL	198	969		988,808.54	1020.44	.056 4993.98	57.22
HSC HOSPITALS	194	940		956,600.30	1017.66	.054 4930.93	55.36
NON-HSC HOSPITAL TOTAL	4	29		32,208.24	1110.63	.002 8052.06	1.86
ACCOMMODATIONS	4	29		10,050.40	346.57	.002 2512.60	.58

ADMINISTRATIVE DAYS	1	17	3,932.10	231.30	.001	3932.10	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	12	6,118.30	509.86	.001	2039.43	.35
ANCILLARIES	4	0	22,157.84	.00	.000	5539.46	1.28
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,436	5,113	138,839.34	27.15	.296	96.68	8.03
MEDICAL	290	400	14,193.76	35.48	.023	48.94	.82
SURGERY	90	104	5,452.06	52.42	.006	60.58	.32
PATHOLOGY	661	2,247	30,327.70	13.50	.130	45.88	1.75
RADIOLOGY	264	343	21,173.79	61.73	.020	80.20	1.23
ROOM USE	809	1,097	43,644.66	39.79	.063	53.95	2.53
CROSSOVERS/ALL OTH OUTPTNT	434	922	24,047.37	26.08	.053	55.41	1.39
@COUNTY HOSPITAL TOTAL	504	2,270	\$ 620,983.30	\$ 273.56	.131	\$ 1232.11	\$ 35.93
CO HOSPITAL INPATIENT TOTAL	105	563	564,192.59	1002.12	.033	5373.26	32.65
HSC HOSPITALS	105	563	564,192.59	1002.12	.033	5373.26	32.65
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	442	1,707	56,790.71	33.27	.099	128.49	3.29
MEDICAL	144	212	7,856.40	37.06	.012	54.56	.45
SURGERY	28	37	2,511.67	67.88	.002	89.70	.15
PATHOLOGY	178	664	9,627.31	14.50	.038	54.09	.56
RADIOLOGY	85	112	8,993.10	80.30	.006	105.80	.52
ROOM USE	249	382	15,704.51	41.11	.022	63.07	.91
CROSSOVERS/ALL OTH OUTPTNT	180	300	12,097.72	40.33	.017	67.21	.70

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SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

					----- MONTHLY AVERAGE -----			
17,281 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,099	3,812	\$ 506,664.58	\$ 132.91	.221	\$ 461.02	\$ 29.32	
COMM HOSP INPATIENT TOTAL	94	406	424,615.95	1045.85	.023	4517.19	24.57	
HSC HOSPITALS	90	377	392,407.71	1040.87	.022	4360.09	22.71	
NON-HSC HOSPITALS TOTAL	4	29	32,208.24	1110.63	.002	8052.06	1.86	
ACCOMMODATIONS	4	29	10,050.40	346.57	.002	2512.60	.58	
ADMINISTRATIVE DAYS	1	17	3,932.10	231.30	.001	3932.10	.23	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	3	12	6,118.30	509.86	.001	2039.43	.35	
ANCILLARIES	4	0	22,157.84	.00	.000	5539.46	1.28	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,033	3,406	82,048.63	24.09	.197	79.43	4.75	
MEDICAL	150	188	6,337.36	33.71	.011	42.25	.37	
SURGERY	63	67	2,940.39	43.89	.004	46.67	.17	
PATHOLOGY	494	1,583	20,700.39	13.08	.092	41.90	1.20	
RADIOLOGY	183	231	12,180.69	52.73	.013	66.56	.70	
ROOM USE	577	715	27,940.15	39.08	.041	48.42	1.62	
CROSSOVERS/ALL OTH OUTPTNT	258	622	11,949.65	19.21	.036	46.32	.69	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	31	1,060	\$ 216,408.43	\$ 204.16	.061	\$ 6980.92	\$ 12.52
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	9	219	26,483.67	120.93	.013	2942.63	1.53
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	231	128,393.90	555.82	.013	25678.78	7.43
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	17	610	61,530.86	100.87	.035	3619.46	3.56
@INTERMEDIATE CARE FACIL.-DD	9	199	\$ 29,522.39	\$ 148.35	.012	\$ 3280.27	\$ 1.71
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	9	199	29,522.39	148.35	.012	3280.27	1.71
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	22	104	\$ 2,154.32	\$ 20.71	.006	\$ 97.92	\$.12
HOSPITAL BASED	12	44	1,042.19	23.69	.003	86.85	.06
INDEPENDENT FACILITY	10	60	1,112.13	18.54	.003	111.21	.06
@LABORATORY FACILITY	134	471	\$ 5,175.33	\$ 10.99	.027	\$ 38.62	\$.30
PATHOLOGY	134	471	5,175.33	10.99	.027	38.62	.30
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	644	1,234	\$ 87,937.37	\$ 71.26	.071	\$ 136.55	\$ 5.09
CLINIC	95	379	8,997.04	23.74	.022	94.71	.52
SURGICENTER	5	22	750.61	34.12	.001	150.12	.04
HEROIN DETOX CLINIC	3	38	427.36	11.25	.002	142.45	.02
RURAL HEALTH CLINIC	542	795	77,762.36	97.81	.046	143.47	4.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 11,788
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
17,281 ELIGIBLES							
@ALL OTHER PROVIDERS	856	147,975	\$ 115,418.90	\$.78	8.563	\$ 134.84	\$ 6.68
DURABLE MED. EQUIP.	49	130	34,177.00	262.90	.008	697.49	1.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	66	848	15,738.62	18.56	.049	238.46	.91
AMBULANCES/AIR TRANS	63	809	13,833.60	17.10	.047	219.58	.80
OTHER TRANS	3	38	105.02	2.76	.002	35.01	.01
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.10
ACUPUNCTURE	2	3	59.47	19.82	.000	29.74	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	92	93	8,000.00	86.02	.005	86.96	.46
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	221	500	4,571.14	9.14	.029	20.68	.26
PHYSICAL THERAPIST	2	10	202.92	20.29	.001	101.46	.01
PORTABLE X-RAY	4	7	212.83	30.40	.000	53.21	.01
PROSTHETIST/ORTHOTISTS	9	22	1,160.06	52.73	.001	128.90	.07
PROSTHETICS	8	20	982.68	49.13	.001	122.84	.06
ORTHOTICS	2	2	177.38	88.69	.000	88.69	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	23	2,164.15	94.09	.001	216.42	.13
HOSPICE SERVICES	2	55	4,689.67	85.27	.003	2344.84	.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	295	1,866		19,457.51		10.43	.108	65.96	1.13
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	130	144,418		24,985.53		.17	8.357	192.20	1.45
@CALIF. CHILDREN SERVICES*	305	48,844	\$	483,359.55	\$	9.90	2.826	\$ 1584.79	\$ 27.97
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

AID CODES

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	164	\$ 5,312.93	\$ 32.40	18.222	\$ 482.99	\$ 590.33
@PHYSICIANS SERVICES	3	25	\$ 84.63	\$ 3.39	2.778	\$ 28.21	\$ 9.40
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	25	84.63	3.39	2.778	28.21	9.40
@PHARMACY	9	114	\$ 3,300.94	\$ 28.96	12.667	\$ 366.77	\$ 366.77
PRESCRIPTION DRUGS	8	48	3,132.55	65.26	5.333	391.57	348.06
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	8	48	3,132.55	65.26	5.333	391.57	348.06
MEDICAL SUPPLIES	3	66	168.39	2.55	7.333	56.13	18.71
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS	

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,791
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
MEDICAL	0	0	.00	.00	.000 .00 .00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	6	\$	1,529.01	\$	254.84	\$	764.51
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	6		1,529.01		254.84		764.51
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

PAGE 11,792
01/17/03

SAN JOAQUIN COUNTY		SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS				AID CODES			
09 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		-----	
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4		19	\$ 398.35	\$ 20.97	2.111	\$ 99.59	\$	44.26
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00		.00
BLOOD BANK	0		0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	1		8	44.07	5.51	.889	44.07		4.90
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00		.00
OTHER TRANS	0		0	.00	.00	.000	.00		.00
OTHER SERVICES	1		8	44.07	5.51	.889	44.07		4.90
ACUPUNCTURE	0		0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00		.00
OPTICIAN	0		0	.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	3	270.35	90.12	.333	270.35	30.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	8	83.93	10.49	.889	27.98	9.33
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	6	108	\$ 1,818.55	\$ 16.84	12.000	\$ 303.09	\$ 202.06

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 11,793

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,794
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

PAGE 11,796
01/17/03

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,797
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS	AID CODES 51 52 56	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$.00	.000	\$.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							
	AID CODES 51 52 56							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,799
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 11,800
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,801
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

						----- MONTHLY AVERAGE -----		
12,317 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	4,477	33,681	\$ 3,710,194.76	\$ 110.16	2.735	\$ 828.72	\$ 301.23	
@PHYSICIANS SERVICES	2,019	8,106	\$ 546,540.73	\$ 67.42	.658	\$ 270.70	\$ 44.37	
OUTPATIENT VISITS	905	3,682	85,309.13	23.17	.299	94.26	6.93	
OFFICE VISITS	161	185	8,685.47	46.95	.015	53.95	.71	
HOME VISITS	1	1	80.10	80.10	.000	80.10	.01	
EMERGENCY ROOM	249	286	16,864.59	58.97	.023	67.73	1.37	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	520	3,147	57,723.66	18.34	.256	111.01	4.69	
OTHER OUTPATIENT	56	63	1,955.31	31.04	.005	34.92	.16	
INPATIENT VISITS	352	1,027	77,271.05	75.24	.083	219.52	6.27	
HOSPITAL VISITS	322	750	34,856.93	46.48	.061	108.25	2.83	
CRITICAL CARE	35	277	42,414.12	153.12	.022	1211.83	3.44	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	460	1,105	285,705.89	258.56	.090	621.10	23.20	
PRINCIPAL SURGEON	376	433	255,967.90	591.15	.035	680.77	20.78	
ASSISTANT SURGEON	51	51	9,907.21	194.26	.004	194.26	.80	
ANESTHESIOLOGIST	97	621	19,830.78	31.93	.050	204.44	1.61	
OUTPATIENT SURGERY	277	479	18,877.73	39.41	.039	68.15	1.53	
PRINCIPAL SURGEON	267	352	16,068.36	45.65	.029	60.18	1.30	

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	18	127	2,809.37	22.12	.010	156.08	.23
DIALYSIS	63	165	17,024.43	103.18	.013	270.23	1.38
PATHOLOGY	210	439	5,632.15	12.83	.036	26.82	.46
RADIOLOGY	494	717	39,880.75	55.62	.058	80.73	3.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	24	43	916.28	21.31	.003	38.18	.07
OTHER SERVICES/ALL X-OVERS	238	449	15,923.32	35.46	.036	66.90	1.29
@PHARMACY	1,757	4,408	\$ 131,528.65	\$ 29.84	.358	\$ 74.86	\$ 10.68
PRESCRIPTION DRUGS	1,705	4,111	117,640.26	28.62	.334	69.00	9.55
SNF/ICF	2	14	581.92	41.57	.001	290.96	.05
OUTPATIENTS	1,703	4,097	117,058.34	28.57	.333	68.74	9.50
MEDICAL SUPPLIES	174	297	13,888.39	46.76	.024	79.82	1.13
@DENTIST	44	153	\$ 1,349.00	\$ 8.82	.012	\$ 30.66	\$.11
VISITS - DIAGNOSTIC	42	115	593.00	5.16	.009	14.12	.05
ORAL SURGERY	12	23	390.00	16.96	.002	32.50	.03
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	3	110.00	36.67	.000	36.67	.01
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	9	206.00	22.89	.001	51.50	.02
PROSTHETICS	2	2	50.00	25.00	.000	25.00	.00
DENTURES, STAYPLATES	1	1	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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12,317 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	21	\$ 1,572.06	\$ 74.86	.002	\$ 262.01	\$.13
NURSE ANESTHESIST	0	0	\$ 10.92	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,753	9,904	\$ 2,482,016.74	\$ 250.61	.804	\$ 1415.87	\$ 201.51
HOSP INPATIENT TOTAL	472	2,094	2,286,295.87	1091.83	.170	4843.85	185.62
HSC HOSPITALS	468	2,025	2,194,665.48	1083.79	.164	4689.46	178.18
NON-HSC HOSPITAL TOTAL	6	69	91,630.39	1327.98	.006	15271.73	7.44
ACCOMMODATIONS	6	69	30,614.13	443.68	.006	5102.36	2.49

ADMINISTRATIVE DAYS	2	40	9,252.00	231.30	.003	4626.00	.75
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	29	21,362.13	736.63	.002	5340.53	1.73
ANCILLARIES	6	0	61,016.26	.00	.000	10169.38	4.95
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,557	7,810	195,720.87	25.06	.634	125.70	15.89
MEDICAL	82	128	4,415.52	34.50	.010	53.85	.36
SURGERY	72	167	7,011.69	41.99	.014	97.38	.57
PATHOLOGY	782	3,676	45,045.10	12.25	.298	57.60	3.66
RADIOLOGY	391	501	47,831.08	95.47	.041	122.33	3.88
ROOM USE	604	945	36,936.57	39.09	.077	61.15	3.00
CROSSOVERS/ALL OTH OUTPTNT	633	2,393	54,480.91	22.77	.194	86.07	4.42
@COUNTY HOSPITAL TOTAL	1,048	5,868	\$ 1,481,863.27	\$ 252.53	.476	\$ 1413.99	\$ 120.31
CO HOSPITAL INPATIENT TOTAL	317	1,337	1,359,778.83	1017.04	.109	4289.52	110.40
HSC HOSPITALS	317	1,297	1,348,236.23	1039.50	.105	4253.11	109.46
NON-HSC HOSPITALS TOTAL	2	40	11,542.60	288.57	.003	5771.30	.94
ACCOMMODATIONS	2	40	9,252.00	231.30	.003	4626.00	.75
ADMINISTRATIVE DAYS	2	40	9,252.00	231.30	.003	4626.00	.75
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	2	0	2,290.60	.00	.000	1145.30	.19
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	923	4,531	122,084.44	26.94	.368	132.27	9.91
MEDICAL	38	63	2,503.77	39.74	.005	65.89	.20
SURGERY	25	94	4,413.34	46.95	.008	176.53	.36
PATHOLOGY	436	2,253	28,482.08	12.64	.183	65.33	2.31
RADIOLOGY	225	287	29,465.99	102.67	.023	130.96	2.39
ROOM USE	311	546	21,099.46	38.64	.044	67.84	1.71
CROSSOVERS/ALL OTH OUTPTNT	383	1,288	36,119.80	28.04	.105	94.31	2.93
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					----- MONTHLY AVERAGE -----			
12,317 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	745	4,036	\$ 1,000,153.47	\$ 247.81	.328	\$ 1342.49	\$ 81.20	
COMM HOSP INPATIENT TOTAL	156	757	926,517.04	1223.93	.061	5939.21	75.22	
HSC HOSPITALS	152	728	846,429.25	1162.68	.059	5568.61	68.72	
NON-HSC HOSPITALS TOTAL	4	29	80,087.79	2761.65	.002	20021.95	6.50	
ACCOMMODATIONS	4	29	21,362.13	736.63	.002	5340.53	1.73	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	4	29	21,362.13	736.63	.002	5340.53	1.73	
ANCILLARIES	4	0	58,725.66	.00	.000	14681.42	4.77	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	666	3,279	73,636.43	22.46	.266	110.57	5.98	
MEDICAL	45	65	1,911.75	29.41	.005	42.48	.16	
SURGERY	47	73	2,598.35	35.59	.006	55.28	.21	
PATHOLOGY	359	1,423	16,563.02	11.64	.116	46.14	1.34	
RADIOLOGY	169	214	18,365.09	85.82	.017	108.67	1.49	
ROOM USE	301	399	15,837.11	39.69	.032	52.61	1.29	
CROSSOVERS/ALL OTH OUTPTNT	254	1,105	18,361.11	16.62	.090	72.29	1.49	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	47	369	\$ 247,727.20	\$ 671.35	.030	\$ 5270.79	\$ 20.11
HOSPITAL BASED	46	333	247,412.20	742.98	.027	5378.53	20.09
HEMODIALYSIS CENTER	1	36	315.00	8.75	.003	315.00	.03
@REHABILITATION FACILITY	7	57	\$ 755.57	\$ 13.26	.005	\$ 107.94	\$.06
HOSPITAL BASED	5	53	651.81	12.30	.004	130.36	.05
INDEPENDENT FACILITY	2	4	103.76	25.94	.000	51.88	.01
@LABORATORY FACILITY	392	1,067	\$ 13,321.94	\$ 12.49	.087	\$ 33.98	\$ 1.08
PATHOLOGY	392	1,067	13,321.94	12.49	.087	33.98	1.08
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,002	3,377	\$ 241,083.36	\$ 71.39	.274	\$ 240.60	\$ 19.57
CLINIC	268	1,658	39,030.39	23.54	.135	145.64	3.17
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	736	1,719	202,052.97	117.54	.140	274.53	16.40

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12,317 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	290	6,219	\$ 44,288.59	\$ 7.12	.505	\$ 152.72	\$ 3.60
DURABLE MED. EQUIP.	7	3	133.33CR	44.44CR	.000	19.05CR	.01CR
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	79	1,667	23,463.71	14.08	.135	297.01	1.90
AMBULANCES/AIR TRANS	74	968	18,204.12	18.81	.079	246.00	1.48
OTHER TRANS	5	697	1,659.59	2.38	.057	331.92	.13
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	184	184	17,318.00	94.12	.015	94.12	1.41
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	23	35	2,383.05	68.09	.003	103.61	.19
PROSTHETICS	6	15	603.78	40.25	.001	100.63	.05
ORTHOTICS	20	20	1,779.27	88.96	.002	88.96	.14
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	4,330	1,257.16	.29	.352	179.59	.10
@CALIF. CHILDREN SERVICES*	123	8,796	\$ 610,106.47	\$ 69.36	.714	\$ 4960.22	\$ 49.53
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 22.96	\$ 11.48	.000	\$ 11.48	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	68	368	\$ 35,917.06	\$ 97.60	6.815	\$ 528.19	\$ 665.13
@PHYSICIANS SERVICES	13	38	\$ 3,317.59	\$ 87.31	.704	\$ 255.20	\$ 61.44
OUTPATIENT VISITS	8	17	1,158.58	68.15	.315	144.82	21.46
OFFICE VISITS	4	4	189.70	47.43	.074	47.43	3.51
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.019	44.60	.83
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	12	924.28	77.02	.222	231.07	17.12
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	9	1,204.99	133.89	.167	602.50	22.31
HOSPITAL VISITS	2	4	185.81	46.45	.074	92.91	3.44
CRITICAL CARE	1	5	1,019.18	203.84	.093	1019.18	18.87
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	3	655.51	218.50	.056	327.76	12.14
PRINCIPAL SURGEON	1	1	544.28	544.28	.019	544.28	10.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2	111.23	55.62	.037	111.23	2.06
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	4	37.16	9.29	.074	9.29	.69
RADIOLOGY	2	2	157.27	78.64	.037	78.64	2.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	3	104.08	34.69	.056	52.04	1.93
@PHARMACY	22	46	\$ 1,973.81	\$ 42.91	.852	\$ 89.72	\$ 36.55
PRESCRIPTION DRUGS	22	46	1,973.81	42.91	.852	89.72	36.55
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	22	46	1,973.81	42.91	.852	89.72	36.55
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	24	163	\$ 5,567.00	\$ 34.15	3.019	\$ 231.96	\$ 103.09
VISITS - DIAGNOSTIC	17	114	1,580.00	13.86	2.111	92.94	29.26
ORAL SURGERY	4	11	441.00	40.09	.204	110.25	8.17
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	3	3	400.00	133.33	.056	133.33	7.41
ENDODONTICS	2	3	950.00	316.67	.056	475.00	17.59
RESTORATIVE DENTISTRY	8	25	1,077.00	43.08	.463	134.63	19.94
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	6	1,119.00	186.50	.111	559.50	20.72
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.019	.00	.00

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54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	12 \$	281.16	\$ 23.43	.222	\$ 93.72	\$ 5.21
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.056	47.45	2.64
EYE APPLIANCES	3	9	138.81	15.42	.167	46.27	2.57
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	18	86	\$	24,281.30	\$	282.34	1.593	\$	1348.96	\$	449.65
HOSP INPATIENT TOTAL	4	16		22,132.00		1383.25	.296		5533.00		409.85
HSC HOSPITALS	4	16		22,132.00		1383.25	.296		5533.00		409.85
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	15	70		2,149.30		30.70	1.296		143.29		39.80
MEDICAL	7	12		520.90		43.41	.222		74.41		9.65
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	12	39		685.79		17.58	.722		57.15		12.70
RADIOLOGY	4	5		478.22		95.64	.093		119.56		8.86
ROOM USE	6	11		368.64		33.51	.204		61.44		6.83
CROSSOVERS/ALL OTH OUTPTNT	3	3		95.75		31.92	.056		31.92		1.77
@COUNTY HOSPITAL TOTAL	7	33	\$	8,078.46	\$	244.80	.611	\$	1154.07	\$	149.60
CO HOSPITAL INPATIENT TOTAL	2	7		7,336.00		1048.00	.130		3668.00		135.85
HSC HOSPITALS	2	7		7,336.00		1048.00	.130		3668.00		135.85
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	26		742.46		28.56	.481		148.49		13.75
MEDICAL	5	8		202.91		25.36	.148		40.58		3.76
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	10		166.85		16.69	.185		41.71		3.09
RADIOLOGY	1	1		118.64		118.64	.019		118.64		2.20
ROOM USE	4	7		244.01		34.86	.130		61.00		4.52
CROSSOVERS/ALL OTH OUTPTNT	0	0		10.05		.00	.000		.00		.19
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					----- MONTHLY AVERAGE -----			
54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	12	53	\$ 16,202.84	\$ 305.71	.981	\$ 1350.24	\$ 300.05	
COMM HOSP INPATIENT TOTAL	2	9	14,796.00	1644.00	.167	7398.00	274.00	
HSC HOSPITALS	2	9	14,796.00	1644.00	.167	7398.00	274.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	11	44	1,406.84	31.97	.815	127.89	26.05	
MEDICAL	3	4	317.99	79.50	.074	106.00	5.89	

SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	8	29		518.94		17.89	.537	64.87	9.61
RADIOLOGY	3	4		359.58		89.90	.074	119.86	6.66
ROOM USE	3	4		124.63		31.16	.074	41.54	2.31
CROSSOVERS/ALL OTH OUTPTNT	3	3		85.70		28.57	.056	28.57	1.59
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	285.90	\$	285.90	.019	285.90	5.29
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		285.90		285.90	.019	285.90	5.29

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54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	10	22	\$ 210.30	\$ 9.56	.407	\$ 21.03
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	10	22	210.30	9.56	.407	21.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	206	\$ 18,358.18	\$ 89.12	3.815	\$ 6119.39	\$ 339.97
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

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142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	237	2,833	\$ 219,794.99	\$ 77.58	19.951	\$ 927.41	\$ 1547.85
@PHYSICIANS SERVICES	80	443	\$ 33,864.15	\$ 76.44	3.120	\$ 423.30	\$ 238.48
OUTPATIENT VISITS	31	38	1,436.35	37.80	.268	46.33	10.12
OFFICE VISITS	17	19	598.90	31.52	.134	35.23	4.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	10	623.99	62.40	.070	78.00	4.39
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9	213.46	23.72	.063	26.68	1.50
INPATIENT VISITS	3	17	673.30	39.61	.120	224.43	4.74
HOSPITAL VISITS	3	17	673.30	39.61	.120	224.43	4.74
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	49	5,129.19	104.68	.345	512.92	36.12
PRINCIPAL SURGEON	6	6	4,141.47	690.25	.042	690.25	29.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	43	987.72	22.97	.303	197.54	6.96
OUTPATIENT SURGERY	19	37	3,377.27	91.28	.261	177.75	23.78
PRINCIPAL SURGEON	16	19	2,960.60	155.82	.134	185.04	20.85
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	18	416.67	23.15	.127	104.17	2.93
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	15	785.50	52.37	.106	98.19	5.53
RADIOLOGY	27	252	20,249.29	80.35	1.775	749.97	142.60
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	11	1,683.26	153.02	.077	1683.26	11.85
OTHER SERVICES/ALL X-OVERS	18	24	529.99	22.08	.169	29.44	3.73
@PHARMACY	144	418	\$ 33,701.75	\$ 80.63	2.944	\$ 234.04	\$ 237.34
PRESCRIPTION DRUGS	144	414	33,526.91	80.98	2.915	232.83	236.11
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	144	414	33,526.91	80.98	2.915	232.83	236.11

MEDICAL SUPPLIES	4	4		174.84		43.71	.028	43.71	1.23
@DENTIST	2	13	\$	1,330.00	\$	102.31	.092	\$ 665.00	\$ 9.37
VISITS - DIAGNOSTIC	1	1		40.00		40.00	.007	40.00	.28
ORAL SURGERY	1	2		130.00		65.00	.014	130.00	.92
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	8		1,160.00		145.00	.056	580.00	8.17
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	2		.00		.00	.014	.00	.00
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142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	5	17	\$ 392.77	\$ 23.10	.120	\$ 78.55	\$ 2.77	
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.028	47.45	1.34	
EYE APPLIANCES	5	13	202.97	15.61	.092	40.59	1.43	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	4	14	\$ 958.58	\$ 68.47	.099	\$ 239.65	\$ 6.75	
NURSE ANESTHESIST	0	0	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	166	1,862	\$ 144,958.16	\$ 77.85	13.113	\$ 873.24	\$ 1020.83	
HOSP INPATIENT TOTAL	16	76	80,398.00	1057.87	.535	5024.88	566.18	
HSC HOSPITALS	16	76	80,398.00	1057.87	.535	5024.88	566.18	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	164	1,786	64,560.16	36.15	12.577	393.66	454.65	
MEDICAL	119	234	8,329.38	35.60	1.648	69.99	58.66	
SURGERY	19	24	1,777.01	74.04	.169	93.53	12.51	
PATHOLOGY	101	392	5,000.76	12.76	2.761	49.51	35.22	
RADIOLOGY	68	496	30,513.58	61.52	3.493	448.73	214.88	
ROOM USE	142	350	13,123.99	37.50	2.465	92.42	92.42	

CROSSEOVERS/ALL OTH OUTPTNT	66	290		5,815.44	20.05	2.042	88.11	40.95	
@COUNTY HOSPITAL TOTAL	147	1,206	\$	86,238.55	\$ 71.51	8.493	\$ 586.66	\$ 607.31	
CO HOSPITAL INPATIENT TOTAL	13	49		51,352.00	1048.00	.345	3950.15	361.63	
HSC HOSPITALS	13	49		51,352.00	1048.00	.345	3950.15	361.63	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	144	1,157		34,886.55	30.15	8.148	242.27	245.68	
MEDICAL	118	233		8,302.88	35.63	1.641	70.36	58.47	
SURGERY	17	22		1,642.96	74.68	.155	96.64	11.57	
PATHOLOGY	81	303		4,225.78	13.95	2.134	52.17	29.76	
RADIOLOGY	45	65		5,190.19	79.85	.458	115.34	36.55	
ROOM USE	123	267		10,316.11	38.64	1.880	83.87	72.65	
CROSSEOVERS/ALL OTH OUTPTNT	61	267		5,208.63	19.51	1.880	85.39	36.68	
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142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	51	656	\$ 58,719.61	\$ 89.51	4.620	\$ 1151.36	\$ 413.52
COMM HOSP INPATIENT TOTAL	3	27	29,046.00	1075.78	.190	9682.00	204.55
HSC HOSPITALS	3	27	29,046.00	1075.78	.190	9682.00	204.55
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	50	629	29,673.61	47.18	4.430	593.47	208.97
MEDICAL	1	1	26.50	26.50	.007	26.50	.19
SURGERY	2	2	134.05	67.03	.014	67.03	.94
PATHOLOGY	30	89	774.98	8.71	.627	25.83	5.46
RADIOLOGY	26	431	25,323.39	58.75	3.035	973.98	178.33
ROOM USE	37	83	2,807.88	33.83	.585	75.89	19.77
CROSSOVERS/ALL OTH OUTPTNT	6	23	606.81	26.38	.162	101.14	4.27
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 28.00	\$ 28.00	.007	\$ 28.00	\$.20
PATHOLOGY	1	1	28.00	28.00	.007	28.00	.20
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	5	\$ 133.58	\$ 26.72	.035	\$ 133.58	\$.94
CLINIC	1	5	133.58	26.72	.035	133.58	.94
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

AID CODES 0M 0N

PAGE 11,812
 01/17/03

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9	60	\$ 4,428.00	\$ 73.80	.423	\$ 492.00	\$ 31.18
DURABLE MED. EQUIP.	1	2	93.56	46.78	.014	93.56	.66
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	21	424.83	20.23	.148	212.42	2.99
AMBULANCES/AIR TRANS	2	21	424.83	20.23	.148	212.42	2.99
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	59.36	9.89	.042	19.79	.42
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	31	3,850.25	124.20	.218	1283.42	27.11
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	8	\$ 406.93	\$ 50.87	.056	\$ 135.64	\$ 2.87

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,813
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY	AID CODES OR 0T	

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	39	498	\$ 22,354.24	\$ 44.89	83.000	\$ 573.19	\$ 3725.71
@PHYSICIANS SERVICES	11	49	\$ 3,520.12	\$ 71.84	8.167	\$ 320.01	\$ 586.69
OUTPATIENT VISITS	3	3	122.55	40.85	.500	40.85	20.43
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	112.95	56.48	.333	56.48	18.83
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	9.60	9.60	.167	9.60	1.60
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	705.88	705.88	.167	705.88	117.65
PRINCIPAL SURGEON	1	1	705.88	705.88	.167	705.88	117.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	4	434.69	108.67	.667	108.67	72.45
PRINCIPAL SURGEON	4	4	434.69	108.67	.667	108.67	72.45
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	4	37	1,735.42	46.90	6.167	433.86	289.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	4		521.58		130.40	.667	130.40	86.93
@PHARMACY	27	70	\$	4,152.59	\$	59.32	11.667	\$ 153.80	\$ 692.10
PRESCRIPTION DRUGS	27	68		4,150.03		61.03	11.333	153.70	691.67
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	27	68		4,150.03		61.03	11.333	153.70	691.67
MEDICAL SUPPLIES	2	2		2.56		1.28	.333	1.28	.43
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY								
					AID CODES OR OT				
					----- MONTHLY AVERAGE -----				
06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00		
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	0	0	.00	.00	.000	.00	.00		
@HOME HEALTH AGENCY	2	6	\$ 359.70	\$ 59.95	1.000	\$ 179.85	\$ 59.95		
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	21	373	\$ 14,321.83	\$ 38.40	62.167	\$ 681.99	\$ 2386.97		
HOSP INPATIENT TOTAL	1	2	2,096.00	1048.00	.333	2096.00	349.33		
HSC HOSPITALS	1	2	2,096.00	1048.00	.333	2096.00	349.33		
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		

HOSP OUTPATIENT TOTAL	21	371		12,225.83	32.95	61.833	582.18	2037.64	
MEDICAL	17	52		1,731.50	33.30	8.667	101.85	288.58	
SURGERY	2	2		215.24	107.62	.333	107.62	35.87	
PATHOLOGY	11	35		260.48	7.44	5.833	23.68	43.41	
RADIOLOGY	3	62		3,086.70	49.79	10.333	1028.90	514.45	
ROOM USE	17	66		2,192.68	33.22	11.000	128.98	365.45	
CROSSOVERS/ALL OTH OUTPTNT	13	154		4,739.23	30.77	25.667	364.56	789.87	
@COUNTY HOSPITAL TOTAL	18	298	\$	10,776.33	\$ 36.16	49.667	\$ 598.69	\$ 1796.06	
CO HOSPITAL INPATIENT TOTAL	1	2		2,096.00	1048.00	.333	2096.00	349.33	
HSC HOSPITALS	1	2		2,096.00	1048.00	.333	2096.00	349.33	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	18	296		8,680.33	29.33	49.333	482.24	1446.72	
MEDICAL	17	52		1,731.50	33.30	8.667	101.85	288.58	
SURGERY	2	2		215.24	107.62	.333	107.62	35.87	
PATHOLOGY	10	34		249.74	7.35	5.667	24.97	41.62	
RADIOLOGY	1	1		37.28	37.28	.167	37.28	6.21	
ROOM USE	16	58		1,938.27	33.42	9.667	121.14	323.05	
CROSSOVERS/ALL OTH OUTPTNT	11	149		4,508.30	30.26	24.833	409.85	751.38	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 11,815
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY								AID CODES OR OT

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	75	\$ 3,545.50	\$ 47.27	12.500	\$ 590.92	\$ 590.92
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	75	3,545.50	47.27	12.500	590.92	590.92
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	10.74	10.74	.167	10.74	1.79
RADIOLOGY	2	61	3,049.42	49.99	10.167	1524.71	508.24
ROOM USE	4	8	254.41	31.80	1.333	63.60	42.40
CROSSOVERS/ALL OTH OUTPTNT	2	5	230.93	46.19	.833	115.47	38.49
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00 \$
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,816
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

					----- MONTHLY AVERAGE -----			
06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	6	\$ 673.21	\$ 112.20	1.000	\$ 336.61	\$ 112.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,817
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL		

148 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	276	3,331	\$ 242,149.23	\$ 72.70	22.507	\$ 877.35	\$ 1636.14
@PHYSICIANS SERVICES	91	492	\$ 37,384.27	\$ 75.98	3.324	\$ 410.82	\$ 252.60
OUTPATIENT VISITS	34	41	1,558.90	38.02	.277	45.85	10.53
OFFICE VISITS	17	19	598.90	31.52	.128	35.23	4.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	12	736.94	61.41	.081	73.69	4.98
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	10	223.06	22.31	.068	24.78	1.51
INPATIENT VISITS	3	17	673.30	39.61	.115	224.43	4.55
HOSPITAL VISITS	3	17	673.30	39.61	.115	224.43	4.55
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	50	5,835.07	116.70	.338	530.46	39.43
PRINCIPAL SURGEON	7	7	4,847.35	692.48	.047	692.48	32.75
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	43	987.72	22.97	.291	197.54	6.67
OUTPATIENT SURGERY	23	41	3,811.96	92.97	.277	165.74	25.76
PRINCIPAL SURGEON	20	23	3,395.29	147.62	.155	169.76	22.94

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	18	416.67	23.15	.122	104.17	2.82
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	15	785.50	52.37	.101	98.19	5.31
RADIOLOGY	31	289	21,984.71	76.07	1.953	709.18	148.55
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	11	1,683.26	153.02	.074	1683.26	11.37
OTHER SERVICES/ALL X-OVERS	22	28	1,051.57	37.56	.189	47.80	7.11
@PHARMACY	171	488	\$ 37,854.34	\$ 77.57	3.297	\$ 221.37	\$ 255.77
PRESCRIPTION DRUGS	171	482	37,676.94	78.17	3.257	220.33	254.57
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	171	482	37,676.94	78.17	3.257	220.33	254.57
MEDICAL SUPPLIES	6	6	177.40	29.57	.041	29.57	1.20
@DENTIST	2	13	\$ 1,330.00	\$ 102.31	.088	\$ 665.00	\$ 8.99
VISITS - DIAGNOSTIC	1	1	40.00	40.00	.007	40.00	.27
ORAL SURGERY	1	2	130.00	65.00	.014	130.00	.88
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	8	1,160.00	145.00	.054	580.00	7.84
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	2	.00	.00	.014	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,818
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

148 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	5	17	\$ 392.77	\$ 23.10	.115 \$ 78.55 \$ 2.65
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.027 47.45 1.28
EYE APPLIANCES	5	13	202.97	15.61	.088 40.59 1.37
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	6	20	\$ 1,318.28	\$ 65.91	.135 \$ 219.71 \$ 8.91
NURSE ANESTHESIST	0	0	.00	.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	.00	.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	187	2,235	\$ 159,279.99	\$ 71.27	15.101 \$ 851.76 \$ 1076.22
HOSP INPATIENT TOTAL	17	78	82,494.00	1057.62	.527 4852.59 557.39
HSC HOSPITALS	17	78	82,494.00	1057.62	.527 4852.59 557.39
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	185	2,157	76,785.99	35.60	14.574	415.06	518.82
MEDICAL	136	286	10,060.88	35.18	1.932	73.98	67.98
SURGERY	21	26	1,992.25	76.63	.176	94.87	13.46
PATHOLOGY	112	427	5,261.24	12.32	2.885	46.98	35.55
RADIOLOGY	71	558	33,600.28	60.22	3.770	473.24	227.03
ROOM USE	159	416	15,316.67	36.82	2.811	96.33	103.49
CROSSOVERS/ALL OTH OUTPTNT	79	444	10,554.67	23.77	3.000	133.60	71.32
@COUNTY HOSPITAL TOTAL	165	1,504	\$ 97,014.88	\$ 64.50	10.162	\$ 587.97	\$ 655.51
CO HOSPITAL INPATIENT TOTAL	14	51	53,448.00	1048.00	.345	3817.71	361.14
HSC HOSPITALS	14	51	53,448.00	1048.00	.345	3817.71	361.14
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	162	1,453	43,566.88	29.98	9.818	268.93	294.37
MEDICAL	135	285	10,034.38	35.21	1.926	74.33	67.80
SURGERY	19	24	1,858.20	77.43	.162	97.80	12.56
PATHOLOGY	91	337	4,475.52	13.28	2.277	49.18	30.24
RADIOLOGY	46	66	5,227.47	79.20	.446	113.64	35.32
ROOM USE	139	325	12,254.38	37.71	2.196	88.16	82.80
CROSSOVERS/ALL OTH OUTPTNT	72	416	9,716.93	23.36	2.811	134.96	65.65

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,819
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

	148 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	57	731	\$	62,265.11	\$ 85.18	4.939	\$ 1092.37	\$ 420.71
COMM HOSP INPATIENT TOTAL	3	27		29,046.00	1075.78	.182	9682.00	196.26
HSC HOSPITALS	3	27		29,046.00	1075.78	.182	9682.00	196.26
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	56	704		33,219.11	47.19	4.757	593.20	224.45
MEDICAL	1	1		26.50	26.50	.007	26.50	.18
SURGERY	2	2		134.05	67.03	.014	67.03	.91
PATHOLOGY	31	90		785.72	8.73	.608	25.35	5.31
RADIOLOGY	28	492		28,372.81	57.67	3.324	1013.31	191.71
ROOM USE	41	91		3,062.29	33.65	.615	74.69	20.69
CROSSOVERS/ALL OTH OUTPTNT	8	28		837.74	29.92	.189	104.72	5.66
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.000		.00	.00
DEVELOP. DISABLED	0	0		.00		.000		.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.000		.00	.00
LEV B-REHAB MD	0	0		.00		.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.000		.00	.00
LEV B-REGULAR	0	0		.00		.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00	\$
ICF DDH	0	0		.00		.000		.00	.00
ICF DD	0	0		.00		.000		.00	.00
ICF DDN/DDCN	0	0		.00		.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.000		.00	.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.000		.00	.00
INDEPENDENT FACILITY	0	0		.00		.000		.00	.00
@LABORATORY FACILITY	1	1	\$	28.00	\$	28.00	\$	28.00	\$
PATHOLOGY	1	1		28.00		.007		28.00	.19
XO AND OTHERS	0	0		.00		.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	5	\$	133.58	\$	26.72	\$	133.58	\$
CLINIC	1	5		133.58		.034		133.58	.90
SURGICENTER	0	0		.00		.000		.00	.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00	.00
RURAL HEALTH CLINIC	0	0		.00		.000		.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,820
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

148 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9	60	\$ 4,428.00	\$ 73.80	.405	\$ 492.00	\$ 29.92
DURABLE MED. EQUIP.	1	2	93.56	46.78	.014	93.56	.63
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	21	424.83	20.23	.142	212.42	2.87
AMBULANCES/AIR TRANS	2	21	424.83	20.23	.142	212.42	2.87
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	59.36	9.89	.041	19.79	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	31	3,850.25	124.20	.209	1283.42	26.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	14	\$ 1,080.14	\$ 77.15	.095	\$ 216.03	\$ 7.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 11,821

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

SAN JOAQUIN COUNTY

SUMMARY OF SERVICES FOR 68 QMB - ONLY

AID CODE

786 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	115	515	\$ 15,678.89	\$ 30.44	.655	\$ 136.34	\$ 19.95
@PHYSICIANS SERVICES	66	268	\$ 1,616.55	\$ 6.03	.341	\$ 24.49	\$ 2.06
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	66	268		1,616.55	6.03	.341	24.49	2.06
@PHARMACY	3	15	\$	295.44CR	\$ 19.70CR	.019	\$ 98.48CR	.38CR
PRESCRIPTION DRUGS	0	9		383.04CR	42.56CR	.011	.00	.49CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	9		383.04CR	42.56CR	.011	.00	.49CR
MEDICAL SUPPLIES	3	6		87.60	14.60	.008	29.20	.11
@DENTIST	10	41	\$	.00	\$.00	.052	\$.00	\$.00
VISITS - DIAGNOSTIC	7	38		.00	.00	.048	.00	.00
ORAL SURGERY	1	2		.00	.00	.003	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	1		.00	.00	.001	.00	.00
PROSTHETICS	1	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,822
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE

786 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 6.96	\$ 3.48	.003	\$ 3.48	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	6.96	3.48	.003	3.48	.01
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	5	\$ 121.80	\$ 24.36	.006	\$ 60.90	\$.15
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	25	85	\$	8,361.42	\$	98.37	.108	\$	334.46	\$	10.64
HOSP INPATIENT TOTAL	5	31		3,932.68		126.86	.039		786.54		5.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	31		3,932.68		126.86	.039		786.54		5.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	20	54		4,428.74		82.01	.069		221.44		5.63
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	20	54		4,428.74		82.01	.069		221.44		5.63
@COUNTY HOSPITAL TOTAL	6	21	\$	3,674.18	\$	174.96	.027	\$	612.36	\$	4.67
CO HOSPITAL INPATIENT TOTAL	1	6		812.00		135.33	.008		812.00		1.03
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	6		812.00		135.33	.008		812.00		1.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	15		2,862.18		190.81	.019		572.44		3.64
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	5	15		2,862.18		190.81	.019		572.44		3.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										
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			AID CODE					
			----- MONTHLY AVERAGE -----					
786 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	21	64	\$	4,687.24	\$	73.24	\$	5.96
COMM HOSP INPATIENT TOTAL	4	25		3,120.68		124.83		3.97
HSC HOSPITALS	0	0		.00		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00		.00
ACCOMMODATIONS	0	0		.00		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		.00
ALL OTHER ACCOM	0	0		.00		.00		.00
ANCILLARIES	0	0		.00		.00		.00
INPATIENT CROSSOVERS	4	25		3,120.68		124.83		3.97
ALL OTHER INPATIENT	0	0		.00		.00		.00
COMM HOSP OUTPATIENT TOTAL	17	39		1,566.56		40.17		1.99
MEDICAL	0	0		.00		.00		.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	17	39		1,566.56	40.17	.050	92.15	1.99
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	11	\$	4,295.19	\$ 390.47	.014	\$ 613.60	\$ 5.46
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	11		4,295.19	390.47	.014	613.60	5.46
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	7	\$	31.45	\$ 4.49	.009	\$ 10.48	\$.04
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	3	7		31.45	4.49	.009	10.48	.04
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	13.76	\$.00	.000	\$.00	\$.02
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		13.76	.00	.000	.00	.02

#CALIF DEPT OF HEALTH SERV MOP024
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				AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	28	81	\$ 1,527.20	\$ 18.85	.103	\$ 54.54	\$ 1.94
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	35	309.55	8.84	.045	51.59	.39
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	6	35	309.55	8.84	.045	51.59	.39
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	22	46	1,217.65	26.47	.059	55.35	1.55
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	106	434	\$ 16,048.17	\$ 36.98	.552	\$ 151.40	\$ 20.42

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
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	5,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,534	9,175	\$	457,990.11	\$ 49.92	1.704	\$ 180.74	\$ 85.07
@PHYSICIANS SERVICES	514	1,170	\$	48,178.85	\$ 41.18	.217	\$ 93.73	\$ 8.95
OUTPATIENT VISITS	428	519		19,196.35	36.99	.096	44.85	3.57
OFFICE VISITS	324	396		13,225.88	33.40	.074	40.82	2.46
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	91	98		4,907.03	50.07	.018	53.92	.91
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	22	25		1,063.44	42.54	.005	48.34	.20
INPATIENT VISITS	25	93		6,700.69	72.05	.017	268.03	1.24
HOSPITAL VISITS	23	84		4,846.10	57.69	.016	210.70	.90
CRITICAL CARE	2	9		1,854.59	206.07	.002	927.30	.34
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5		166.87	33.37	.001	33.37	.03
EXAMINATIONS	5	5		166.87	33.37	.001	33.37	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	19	101		7,816.53	77.39	.019	411.40	1.45
PRINCIPAL SURGEON	13	14		5,297.13	378.37	.003	407.47	.98
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	87		2,519.40	28.96	.016	209.95	.47
OUTPATIENT SURGERY	34	73		7,607.36	104.21	.014	223.75	1.41
PRINCIPAL SURGEON	28	37		6,203.70	167.67	.007	221.56	1.15
ASSISTANT SURGEON	1	1		146.22	146.22	.000	146.22	.03
ANESTHESIOLOGIST	7	35		1,257.44	35.93	.007	179.63	.23
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	34	40		185.23	4.63	.007	5.45	.03
RADIOLOGY	51	91		2,844.67	31.26	.017	55.78	.53
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	22		415.51	18.89	.004	29.68	.08
OTHER SERVICES/ALL X-OVERS	51	226		3,245.64	14.36	.042	63.64	.60
@PHARMACY	469	1,079	\$	29,377.12	\$ 27.23	.200	\$ 62.64	\$ 5.46
PRESCRIPTION DRUGS	462	1,037		27,678.73	26.69	.193	59.91	5.14
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	462	1,037		27,678.73	26.69	.193	59.91	5.14

MEDICAL SUPPLIES	19	42		1,698.39		40.44	.008	89.39	.32
@DENTIST	621	3,503	\$	99,042.86	\$	28.27	.651	\$ 159.49	\$ 18.40
VISITS - DIAGNOSTIC	483	2,140		29,980.00		14.01	.397	62.07	5.57
ORAL SURGERY	68	133		5,686.00		42.75	.025	83.62	1.06
DRUGS	32	41		950.00		23.17	.008	29.69	.18
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	3	3		165.00		55.00	.001	55.00	.03
ENDODONTICS	80	174		11,195.00		64.34	.032	139.94	2.08
RESTORATIVE DENTISTRY	259	986		49,081.45		49.78	.183	189.50	9.12
PROSTHETICS	5	5		30.00		6.00	.001	6.00	.01
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	13	16		1,311.00		81.94	.003	100.85	.24
MAXILLOFACIAL SERVICES	5	5		574.41		114.88	.001	114.88	.11
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2		70.00		35.00	.000	35.00	.01
ALL OTHER SERVICES	2	2CR		.00		.00	.000	.00	.00
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						----- MONTHLY AVERAGE -----		
5,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	24	\$	541.80	\$ 22.58	.004	\$ 60.20	\$.10
DIAGNOSTIC AND ANC. PROCED	6	6		284.70	47.45	.001	47.45	.05
EYE APPLIANCES	6	18		257.10	14.28	.003	42.85	.05
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	10	\$	703.87	\$ 70.39	.002	\$ 140.77	\$.13
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	336	1,138	\$	193,318.22	\$ 169.88	.211	\$ 575.35	\$ 35.91
HOSP INPATIENT TOTAL	33	129		165,698.00	1284.48	.024	5021.15	30.78
HSC HOSPITALS	33	129		165,698.00	1284.48	.024	5021.15	30.78
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	313	1,009		27,620.22	27.37	.187	88.24	5.13
MEDICAL	70	105		4,327.16	41.21	.020	61.82	.80
SURGERY	23	26		1,740.89	66.96	.005	75.69	.32
PATHOLOGY	124	365		3,717.58	10.19	.068	29.98	.69
RADIOLOGY	59	75		5,437.46	72.50	.014	92.16	1.01
ROOM USE	202	261		9,934.49	38.06	.048	49.18	1.85
CROSSOVERS/ALL OTH OUTPTNT	87	177		2,462.64	13.91	.033	28.31	.46
@COUNTY HOSPITAL TOTAL	80	302	\$	48,174.94	\$ 159.52	.056	\$ 602.19	\$ 8.95
CO HOSPITAL INPATIENT TOTAL	12	37		37,728.00	1019.68	.007	3144.00	7.01
HSC HOSPITALS	12	37		37,728.00	1019.68	.007	3144.00	7.01
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	68	265		10,446.94	39.42	.049	153.63	1.94
MEDICAL	36	53		2,525.97	47.66	.010	70.17	.47
SURGERY	14	17		1,110.40	65.32	.003	79.31	.21
PATHOLOGY	9	45		684.24	15.21	.008	76.03	.13
RADIOLOGY	20	31		2,453.74	79.15	.006	122.69	.46
ROOM USE	54	76		3,039.99	40.00	.014	56.30	.56
CROSSOVERS/ALL OTH OUTPTNT	29	43		632.60	14.71	.008	21.81	.12

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	5,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	260	836	\$	145,143.28	\$ 173.62	.155	\$ 558.24	\$ 26.96
COMM HOSP INPATIENT TOTAL	21	92		127,970.00	1390.98	.017	6093.81	23.77
HSC HOSPITALS	21	92		127,970.00	1390.98	.017	6093.81	23.77
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	249	744	17,173.28	23.08	.138	68.97	3.19
MEDICAL	34	52	1,801.19	34.64	.010	52.98	.33
SURGERY	9	9	630.49	70.05	.002	70.05	.12
PATHOLOGY	115	320	3,033.34	9.48	.059	26.38	.56
RADIOLOGY	39	44	2,983.72	67.81	.008	76.51	.55
ROOM USE	150	185	6,894.50	37.27	.034	45.96	1.28
CROSSOVERS/ALL OTH OUTPTNT	58	134	1,830.04	13.66	.025	31.55	.34
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	43	862.94	20.07	.008	172.59	.16
HOSPITAL BASED	2	4	136.34	34.09	.001	68.17	.03
INDEPENDENT FACILITY	3	39	726.60	18.63	.007	242.20	.13
@LABORATORY FACILITY	5	10	166.16	16.62	.002	33.23	.03
PATHOLOGY	5	10	166.16	16.62	.002	33.23	.03
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	627	775	63,144.75	81.48	.144	100.71	11.73
CLINIC	2	2	70.60	35.30	.000	35.30	.01
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	625	773	63,074.15	81.60	.144	100.92	11.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 11,828
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 69 133% PROGRAM						
	AID CODES 72 74 8N						
	----- MONTHLY AVERAGE -----						
5,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	258	1,423	\$ 22,653.54	\$ 15.92	.264	\$ 87.80	\$ 4.21
DURABLE MED. EQUIP.	9	11	2,147.48	195.23	.002	238.61	.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	20	318	11,134.59	35.01	.059	556.73	2.07
AMBULANCES/AIR TRANS	19	316	7,481.85	23.68	.059	393.78	1.39
OTHER TRANS	0	0	52.74	.00	.000	.00	.01
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.67
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	45	399.63	8.88	.008	18.17	.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	7	1,183.45	169.06	.001	1183.45	.22
PROSTHETICS	1	7	1,183.45	169.06	.001	1183.45	.22
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	144.59	48.20	.001	144.59	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	204	733	7,489.39	10.22	.136	36.71	1.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	306	154.41	.50	.057	154.41	.03
@CALIF. CHILDREN SERVICES*	136	1,523	\$ 162,860.02	\$ 106.93	.283	\$ 1197.50	\$ 30.25
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,829
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM	AID CODES 7A 7C 8R	

5,916 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,503	19,500	\$ 519,340.44	\$ 26.63	3.296	\$ 207.49	\$ 87.79
@PHYSICIANS SERVICES	336	866	\$ 43,414.92	\$ 50.13	.146	\$ 129.21	\$ 7.34
OUTPATIENT VISITS	232	336	14,101.30	41.97	.057	60.78	2.38
OFFICE VISITS	147	169	6,443.50	38.13	.029	43.83	1.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	65	71	3,615.94	50.93	.012	55.63	.61
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	20	77	3,012.08	39.12	.013	150.60	.51
OTHER OUTPATIENT	15	19	1,029.78	54.20	.003	68.65	.17
INPATIENT VISITS	32	101	6,340.18	62.77	.017	198.13	1.07
HOSPITAL VISITS	31	94	5,685.13	60.48	.016	183.39	.96
CRITICAL CARE	3	7	655.05	93.58	.001	218.35	.11
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	11	606.22	55.11	.002	60.62	.10
EXAMINATIONS	10	11	606.22	55.11	.002	60.62	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	21	96	9,923.41	103.37	.016	472.54	1.68
PRINCIPAL SURGEON	16	23	7,984.56	347.15	.004	499.04	1.35
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	73	1,938.85	26.56	.012	276.98	.33
OUTPATIENT SURGERY	39	84	6,321.96	75.26	.014	162.10	1.07
PRINCIPAL SURGEON	36	44	5,036.47	114.47	.007	139.90	.85
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	40	1,285.49	32.14	.007	116.86	.22
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	29	53	350.09	6.61	.009	12.07	.06
RADIOLOGY	58	74	3,183.75	43.02	.013	54.89	.54
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	4	8		57.11	7.14	.001	14.28	.01
OTHER SERVICES/ALL X-OVERS	51	103		2,530.90	24.57	.017	49.63	.43
@PHARMACY	283	2,571	\$	66,790.80	\$ 25.98	.435	\$ 236.01	\$ 11.29
PRESCRIPTION DRUGS	269	582		61,577.20	105.80	.098	228.91	10.41
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	269	582		61,577.20	105.80	.098	228.91	10.41
MEDICAL SUPPLIES	30	1,989		5,213.60	2.62	.336	173.79	.88
@DENTIST	841	5,449	\$	140,729.48	\$ 25.83	.921	\$ 167.34	\$ 23.79
VISITS - DIAGNOSTIC	636	3,772		51,271.90	13.59	.638	80.62	8.67
ORAL SURGERY	134	240		12,017.00	50.07	.041	89.68	2.03
DRUGS	8	7		95.00	13.57	.001	11.88	.02
ANESTHESIA	6	6		400.00	66.67	.001	66.67	.07
PERIODONTICS	15	17		1,025.00	60.29	.003	68.33	.17
ENDODONTICS	76	97		10,744.00	110.76	.016	141.37	1.82
RESTORATIVE DENTISTRY	371	1,223		59,737.00	48.84	.207	161.02	10.10
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	1	1		150.00	150.00	.000	150.00	.03
SPACE MAINTAINERS	5	8		600.00	75.00	.001	120.00	.10
MAXILLOFACIAL SERVICES	5	6		412.08	68.68	.001	82.42	.07
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	65	65		4,247.50	65.35	.011	65.35	.72
ALL OTHER SERVICES	6	6		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM							
				AID CODES 7A 7C 8R				PAGE 11,830
								01/17/03

5,916 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	23	51	\$ 1,153.00	\$ 22.61	.009	\$	50.13	\$.19
DIAGNOSTIC AND ANC. PROCED	15	15	658.95	43.93	.003		43.93	.11
EYE APPLIANCES	12	36	494.05	13.72	.006		41.17	.08
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	4	8	\$ 133.76	\$ 16.72	.001	\$	33.44	\$.02
VISITS	4	8	133.76	16.72	.001		33.44	.02
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	2	3	\$ 98.02	\$ 32.67	.001	\$	49.01	\$.02
MEDICINE/INJECTIONS	1	1	51.00	51.00	.000		51.00	.01
SURGERY/ANES.	1	2	47.02	23.51	.000		47.02	.01
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	8	689	\$ 20,975.19	\$ 30.44	.116	\$	2621.90	\$ 3.55
NURSE ANESTHESIST	0	0	.00	.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	218	960	\$ 191,200.50	\$ 199.17	.162	\$	877.07	\$ 32.32
HOSP INPATIENT TOTAL	23	118	170,559.08	1445.42	.020		7415.61	28.83
HSC HOSPITALS	23	118	170,559.08	1445.42	.020		7415.61	28.83
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

HOSP OUTPATIENT TOTAL	207	842	20,641.42	24.51	.142	99.72	3.49
MEDICAL	44	59	1,760.12	29.83	.010	40.00	.30
SURGERY	18	22	849.99	38.64	.004	47.22	.14
PATHOLOGY	87	352	4,251.78	12.08	.059	48.87	.72
RADIOLOGY	48	64	4,382.53	68.48	.011	91.30	.74
ROOM USE	127	151	5,952.87	39.42	.026	46.87	1.01
CROSSOVERS/ALL OTH OUTPTNT	63	194	3,444.13	17.75	.033	54.67	.58
@COUNTY HOSPITAL TOTAL	51	203	\$ 34,944.34	\$ 172.14	.034	\$ 685.18	\$ 5.91
CO HOSPITAL INPATIENT TOTAL	8	28	29,344.05	1048.00	.005	3668.01	4.96
HSC HOSPITALS	8	28	29,344.05	1048.00	.005	3668.01	4.96
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	49	175	5,600.29	32.00	.030	114.29	.95
MEDICAL	17	20	658.13	32.91	.003	38.71	.11
SURGERY	4	8	329.08	41.14	.001	82.27	.06
PATHOLOGY	13	71	849.73	11.97	.012	65.36	.14
RADIOLOGY	10	14	1,511.20	107.94	.002	151.12	.26
ROOM USE	28	38	1,577.05	41.50	.006	56.32	.27
CROSSOVERS/ALL OTH OUTPTNT	18	24	675.10	28.13	.004	37.51	.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 11,831
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM						AID CODES 7A 7C 8R
					----- MONTHLY AVERAGE -----		
5,916 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	174	757	\$ 156,256.16	\$ 206.42	.128	\$ 898.02	\$ 26.41

COMM HOSP INPATIENT TOTAL	15	90	141,215.03	1569.06	.015	9414.34	23.87
HSC HOSPITALS	15	90	141,215.03	1569.06	.015	9414.34	23.87
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	165	667	15,041.13	22.55	.113	91.16	2.54
MEDICAL	27	39	1,101.99	28.26	.007	40.81	.19
SURGERY	14	14	520.91	37.21	.002	37.21	.09
PATHOLOGY	75	281	3,402.05	12.11	.047	45.36	.58
RADIOLOGY	38	50	2,871.33	57.43	.008	75.56	.49
ROOM USE	101	113	4,375.82	38.72	.019	43.32	.74
CROSSOVERS/ALL OTH OUTPTNT	45	170	2,769.03	16.29	.029	61.53	.47
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	6	226.10	37.68	.001	75.37	.04
HOSPITAL BASED	1	2	127.69	63.85	.000	127.69	.02
INDEPENDENT FACILITY	2	4	98.41	24.60	.001	49.21	.02
@LABORATORY FACILITY	24	64	1,078.97	16.86	.011	44.96	.18
PATHOLOGY	24	64	1,078.97	16.86	.011	44.96	.18
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	184	338	24,872.76	73.59	.057	135.18	4.20
CLINIC	15	83	1,856.38	22.37	.014	123.76	.31
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	169	255	23,016.38	90.26	.043	136.19	3.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 11,832
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM						
	AID CODES 7A 7C 8R						
	----- MONTHLY AVERAGE -----						
5,916 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	876	8,495	\$ 28,666.94	\$ 3.37	1.436	\$ 32.72	\$ 4.85
DURABLE MED. EQUIP.	2	2	322.58	161.29	.000	161.29	.05
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	216	1,938.74	8.98	.037	176.25	.33

AMBULANCES/AIR TRANS	11	216	1,927.44	8.92	.037	175.22	.33
OTHER TRANS	0	0	11.30	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	2	3	70.28	23.43	.001	35.14	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	20	20	1,886.00	94.30	.003	94.30	.32
IHMC,MODEL-NF,NF,AIDS,MSSP	1	6	170.52	28.42	.001	170.52	.03
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	122	266	2,308.02	8.68	.045	18.92	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	154.74	77.37	.000	77.37	.03
PROSTHETICS	1	1	66.05	66.05	.000	66.05	.01
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	717	1,997	20,799.85	10.42	.338	29.01	3.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	5,983	1,016.21	.17	1.011	203.24	.17
@CALIF. CHILDREN SERVICES*	108	9,447	\$ 211,470.70	\$ 22.38	1.597	\$ 1958.06	\$ 35.75
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,833
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	8,061	32,314	\$ 1,289,072.17	\$ 39.89	.000	\$	159.91	\$.00
@PHYSICIANS SERVICES	2,815	10,102	\$ 305,813.86	\$ 30.27	.000	\$	108.64	\$.00
OUTPATIENT VISITS	2,062	8,417	237,596.78	28.23	.000		115.23	.00
OFFICE VISITS	597	624	8,097.21	12.98	.000		13.56	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	1,719	7,624	227,497.45	29.84	.000		132.34	.00
OTHER OUTPATIENT	164	169	2,002.12	11.85	.000		12.21	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	24	67	2,597.10	38.76	.000		108.21	.00
PRINCIPAL SURGEON	9	9	934.45	103.83	.000		103.83	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	16	58	1,662.65	28.67	.000		103.92	.00
OUTPATIENT SURGERY	109	159	10,870.85	68.37	.000		99.73	.00
PRINCIPAL SURGEON	96	113	9,561.73	84.62	.000		99.60	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	21	46	1,309.12	28.46	.000	62.34	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	758	784	6,086.79	7.76	.000	8.03	.00
RADIOLOGY	624	633	48,102.72	75.99	.000	77.09	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	235.02	117.51	.000	117.51	.00
OTHER SERVICES/ALL X-OVERS	11	40	324.60	8.12	.000	29.51	.00
@PHARMACY	422	804	\$ 15,522.22	\$ 19.31	.000	\$ 36.78	\$.00
PRESCRIPTION DRUGS	392	710	9,586.62	13.50	.000	24.46	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	392	710	9,586.62	13.50	.000	24.46	.00
MEDICAL SUPPLIES	50	94	5,935.60	63.14	.000	118.71	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

PAGE 11,834

01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2,241	6,923	\$ 226,300.93	\$ 32.69	.000	\$ 100.98	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,241	6,923	226,300.93	32.69	.000	100.98	.00
MEDICAL	38	38	902.04	23.74	.000	23.74	.00
SURGERY	39	40	2,543.59	63.59	.000	65.22	.00
PATHOLOGY	1,396	2,419	56,966.87	23.55	.000	40.81	.00
RADIOLOGY	322	323	36,201.17	112.08	.000	112.43	.00
ROOM USE	963	1,315	46,366.05	35.26	.000	48.15	.00
CROSSOVERS/ALL OTH OUTPTNT	456	2,788	83,321.21	29.89	.000	182.72	.00
@COUNTY HOSPITAL TOTAL	1,426	2,665	\$ 85,317.14	\$ 32.01	.000	\$ 59.83	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,426	2,665	85,317.14	32.01	.000	59.83	.00
MEDICAL	38	38	889.32	23.40	.000	23.40	.00
SURGERY	7	7	624.76	89.25	.000	89.25	.00
PATHOLOGY	990	1,607	36,199.19	22.53	.000	36.56	.00
RADIOLOGY	98	98	13,000.54	132.66	.000	132.66	.00
ROOM USE	614	876	31,512.69	35.97	.000	51.32	.00
CROSSOVERS/ALL OTH OUTPTNT	23	39	3,090.64	79.25	.000	134.38	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,835
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	826	4,258	\$	140,983.79	\$ 33.11	.000	\$ 170.68	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	826	4,258		140,983.79	33.11	.000	170.68	.00
MEDICAL	0	0		12.72	.00	.000	.00	.00
SURGERY	32	33		1,918.83	58.15	.000	59.96	.00
PATHOLOGY	408	812		20,767.68	25.58	.000	50.90	.00
RADIOLOGY	224	225		23,200.63	103.11	.000	103.57	.00
ROOM USE	350	439		14,853.36	33.83	.000	42.44	.00
CROSSOVERS/ALL OTH OUTPTNT	433	2,749		80,230.57	29.19	.000	185.29	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	2,220	3,921	\$	100,966.36	\$	25.75	.000 \$	45.48 \$	
PATHOLOGY	2,220	3,921		100,966.36		25.75	.000	45.48	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	3,070	10,202	\$	603,436.80	\$	59.15	.000 \$	196.56 \$	
CLINIC	1,461	7,328		283,094.91		38.63	.000	193.77	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	1,670	2,874		320,341.89		111.46	.000	191.82	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 11,836
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F								

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	359	362	\$	37,032.00	\$ 102.30	.000	\$ 103.15	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	359	362		37,032.00	102.30	.000	103.15	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,837
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	64	648	\$ 17,465.77	\$ 26.95	3.340	\$ 272.90	\$ 90.03
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	53	168	\$	7,600.84	\$ 45.24	.866	\$ 143.41	\$ 39.18
PRESCRIPTION DRUGS	53	168		7,600.84	45.24	.866	143.41	39.18
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	53	168		7,600.84	45.24	.866	143.41	39.18
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	1	\$	.00	\$.00	.005	\$.00	\$.00
VISITS - DIAGNOSTIC	1	1		.00	.00	.005	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 11,838
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE							

194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	11	43	\$	1,480.65	\$	34.43	.222	\$	134.60	\$	7.63
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11	43		1,480.65		34.43	.222		134.60		7.63
MEDICAL	7	12		771.96		64.33	.062		110.28		3.98
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	13		117.84		9.06	.067		39.28		.61
RADIOLOGY	8	9		234.34		26.04	.046		29.29		1.21
ROOM USE	7	9		356.51		39.61	.046		50.93		1.84
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	11	43	\$	1,480.65	\$	34.43	.222	\$	134.60	\$	7.63
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	11	43		1,480.65		34.43	.222		134.60		7.63
MEDICAL	7	12		771.96		64.33	.062		110.28		3.98
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	13		117.84		9.06	.067		39.28		.61
RADIOLOGY	8	9		234.34		26.04	.046		29.29		1.21
ROOM USE	7	9		356.51		39.61	.046		50.93		1.84
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										
MOP024	FEE-FOR-SERVICE/DENTAL										
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194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20	436	\$ 8,384.28	\$ 19.23	2.247	\$ 419.21	\$ 43.22
CLINIC	20	436	8,384.28	19.23	2.247	419.21	43.22
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

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	1,825 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,421		8,446	\$ 911,011.13	\$ 107.86	4.628	\$ 641.11	\$ 499.18
@PHYSICIANS SERVICES	883		3,802	\$ 253,780.02	\$ 66.75	2.083	\$ 287.41	\$ 139.06
OUTPATIENT VISITS	468		1,840	52,217.73	28.38	1.008	111.58	28.61
OFFICE VISITS	143		163	6,352.55	38.97	.089	44.42	3.48
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	37		40	2,540.34	63.51	.022	68.66	1.39
PREVENTIVE CARE	1		1	48.06	48.06	.001	48.06	.03
OB VISITS/COMPRE PERI	329		1,634	43,220.55	26.45	.895	131.37	23.68
OTHER OUTPATIENT	2		2	56.23	28.12	.001	28.12	.03
INPATIENT VISITS	129		365	28,215.91	77.30	.200	218.73	15.46

HOSPITAL VISITS	114	204		9,099.84		44.61	.112	79.82	4.99
CRITICAL CARE	19	161		19,116.07		118.73	.088	1006.11	10.47
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		46.44		46.44	.001	46.44	.03
EXAMINATIONS	1	1		46.44		46.44	.001	46.44	.03
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	165	387		120,804.44		312.16	.212	732.15	66.19
PRINCIPAL SURGEON	136	146		111,963.61		766.87	.080	823.26	61.35
ASSISTANT SURGEON	17	17		3,321.21		195.37	.009	195.37	1.82
ANESTHESIOLOGIST	32	224		5,519.62		24.64	.123	172.49	3.02
OUTPATIENT SURGERY	191	371		30,316.90		81.72	.203	158.73	16.61
PRINCIPAL SURGEON	182	264		26,690.45		101.10	.145	146.65	14.62
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	86	107		3,626.45		33.89	.059	42.17	1.99
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	164	391		3,076.44		7.87	.214	18.76	1.69
RADIOLOGY	204	246		14,954.55		60.79	.135	73.31	8.19
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	38	70		1,055.07		15.07	.038	27.77	.58
OTHER SERVICES/ALL X-OVERS	58	131		3,092.54		23.61	.072	53.32	1.69
@PHARMACY	347	715	\$	14,164.31	\$	19.81	.392	40.82	7.76
PRESCRIPTION DRUGS	342	695		13,807.95		19.87	.381	40.37	7.57
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	342	695		13,807.95		19.87	.381	40.37	7.57
MEDICAL SUPPLIES	15	20		356.36		17.82	.011	23.76	.20
@DENTIST	2	6	\$	190.00	\$	31.67	.003	95.00	.10
VISITS - DIAGNOSTIC	2	3		20.00		6.67	.002	10.00	.01
ORAL SURGERY	1	1		.00		.00	.001	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2		170.00		85.00	.001	170.00	.09
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 11,842
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R								

	1,825 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	41	\$	2,971.28	\$ 72.47	.022	\$ 2971.28	\$ 1.63
NURSE ANESTHESIST	0	0	\$	10.92	\$.00	.000	\$.00	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	574	2,748	\$	589,015.27	\$ 214.34	1.506	\$ 1026.16	\$ 322.75
HOSP INPATIENT TOTAL	163	538		540,897.97	1005.39	.295	3318.39	296.38
HSC HOSPITALS	161	530		532,730.20	1005.15	.290	3308.88	291.91
NON-HSC HOSPITAL TOTAL	2	8		8,167.77	1020.97	.004	4083.89	4.48
ACCOMMODATIONS	2	8		4,215.32	526.92	.004	2107.66	2.31
ADMINISTRATIVE DAYS	0	0		34.60	.00	.000	.00	.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8		4,180.72	522.59	.004	2090.36	2.29
ANCILLARIES	2	0		3,952.45	.00	.000	1976.23	2.17
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	497	2,210		48,117.30	21.77	1.211	96.82	26.37
MEDICAL	6	6		151.81	25.30	.003	25.30	.08
SURGERY	29	33		1,532.66	46.44	.018	52.85	.84
PATHOLOGY	345	1,274		19,536.62	15.33	.698	56.63	10.70
RADIOLOGY	76	80		6,609.67	82.62	.044	86.97	3.62
ROOM USE	153	253		10,606.57	41.92	.139	69.32	5.81
CROSSOVERS/ALL OTH OUTPTNT	160	564		9,679.97	17.16	.309	60.50	5.30
@COUNTY HOSPITAL TOTAL	191	846	\$	269,014.98	\$ 317.98	.464	\$ 1408.46	\$ 147.41
CO HOSPITAL INPATIENT TOTAL	61	242		253,616.76	1048.00	.133	4157.65	138.97
HSC HOSPITALS	61	242		253,616.76	1048.00	.133	4157.65	138.97
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	174	604		15,398.22	25.49	.331	88.50	8.44
MEDICAL	2	2		23.98	11.99	.001	11.99	.01
SURGERY	4	5		218.13	43.63	.003	54.53	.12
PATHOLOGY	97	387		5,280.63	13.65	.212	54.44	2.89
RADIOLOGY	36	38		3,440.19	90.53	.021	95.56	1.89
ROOM USE	51	93		3,477.34	37.39	.051	68.18	1.91
CROSSOVERS/ALL OTH OUTPTNT	61	79		2,957.95	37.44	.043	48.49	1.62

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

	1,825 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	388	1,902	\$	320,000.29	\$ 168.24	1.042	\$ 824.74	\$ 175.34
COMM HOSP INPATIENT TOTAL	103	296		287,281.21	970.54	.162	2789.14	157.41
HSC HOSPITALS	101	288		279,113.44	969.14	.158	2763.50	152.94
NON-HSC HOSPITALS TOTAL	2	8		8,167.77	1020.97	.004	4083.89	4.48
ACCOMMODATIONS	2	8		4,215.32	526.92	.004	2107.66	2.31
ADMINISTRATIVE DAYS	0	0		34.60	.00	.000	.00	.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	2	8	4,180.72	522.59	.004	2090.36	2.29
ANCILLARIES	2	0	3,952.45	.00	.000	1976.23	2.17
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	326	1,606	32,719.08	20.37	.880	100.37	17.93
MEDICAL	4	4	127.83	31.96	.002	31.96	.07
SURGERY	25	28	1,314.53	46.95	.015	52.58	.72
PATHOLOGY	249	887	14,255.99	16.07	.486	57.25	7.81
RADIOLOGY	40	42	3,169.48	75.46	.023	79.24	1.74
ROOM USE	102	160	7,129.23	44.56	.088	69.89	3.91
CROSSOVERS/ALL OTH OUTPTNT	99	485	6,722.02	13.86	.266	67.90	3.68
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	168	281	5,926.27	21.09	.154	35.28	3.25
PATHOLOGY	168	281	5,926.27	21.09	.154	35.28	3.25
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	175	669	33,733.84	50.42	.367	192.76	18.48
CLINIC	112	522	16,041.80	30.73	.286	143.23	8.79
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	63	147	17,692.04	120.35	.081	280.83	9.69

#CALIF DEPT OF HEALTH SERV MOP024
SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

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	1,825 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	113	184	\$	11,219.22	\$ 60.97	.101	\$ 99.29	\$ 6.15
DURABLE MED. EQUIP.	1	1		45.48	45.48	.001	45.48	.02
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	72		1,083.47	15.05	.039	154.78	.59
AMBULANCES/AIR TRANS	7	72		1,083.47	15.05	.039	154.78	.59
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	104	104		9,765.00	93.89	.057	93.89	5.35

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	7	325.27	46.47	.004	162.64	.18
PROSTHETICS	1	6	236.58	39.43	.003	236.58	.13
ORTHOTICS	1	1	88.69	88.69	.001	88.69	.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	12	2,001	\$ 74,988.90	\$ 37.48	1.096	\$ 6249.08	\$ 41.09
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,845
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00	
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	0	0		.00	.00	.000	.00	.00	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE								

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 11,847
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE										

						----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		

COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	\$	.000	\$	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	\$	.000	\$	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	\$	.000	\$	\$
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	\$	.000	\$	\$
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	\$	.000	\$	\$
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 11,849
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC	AID CODES 6N

1,309 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	671	5,216	\$ 291,275.23	\$ 55.84	3.985	\$ 434.09	\$ 222.52
@PHYSICIANS SERVICES	251	756	\$ 29,543.63	\$ 39.08	.578	\$ 117.70	\$ 22.57
OUTPATIENT VISITS	188	254	8,604.95	33.88	.194	45.77	6.57
OFFICE VISITS	129	167	4,631.41	27.73	.128	35.90	3.54
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	51	62	2,974.22	47.97	.047	58.32	2.27
PREVENTIVE CARE	1	1	43.85	43.85	.001	43.85	.03
OB VISITS/COMPRE PERI	2	10	449.15	44.92	.008	224.58	.34
OTHER OUTPATIENT	13	14	506.32	36.17	.011	38.95	.39
INPATIENT VISITS	21	107	6,593.02	61.62	.082	313.95	5.04
HOSPITAL VISITS	18	91	4,808.98	52.85	.070	267.17	3.67
CRITICAL CARE	3	10	1,598.44	159.84	.008	532.81	1.22
SNF/ICF/TRANS IP CARE	3	6	185.60	30.93	.005	61.87	.14
OPHTHALMOLOGICAL SERVICES	3	3	173.37	57.79	.002	57.79	.13
EXAMINATIONS	3	3	173.37	57.79	.002	57.79	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	36	2,044.43	56.79	.028	292.06	1.56
PRINCIPAL SURGEON	4	6	1,111.37	185.23	.005	277.84	.85
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	30	933.06	31.10	.023	311.02	.71
OUTPATIENT SURGERY	15	38	3,263.54	85.88	.029	217.57	2.49
PRINCIPAL SURGEON	13	14	2,416.31	172.59	.011	185.87	1.85

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	24	847.23	35.30	.018	282.41	.65
DIALYSIS	1	2	306.72	153.36	.002	306.72	.23
PATHOLOGY	22	49	209.94	4.28	.037	9.54	.16
RADIOLOGY	45	67	3,033.35	45.27	.051	67.41	2.32
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	18	339.24	18.85	.014	33.92	.26
OTHER SERVICES/ALL X-OVERS	41	182	4,975.07	27.34	.139	121.34	3.80
@PHARMACY	410	1,515	\$ 82,139.03	\$ 54.22	1.157	\$ 200.34	\$ 62.75
PRESCRIPTION DRUGS	405	1,114	78,463.16	70.43	.851	193.74	59.94
SNF/ICF	7	35	6,526.81	186.48	.027	932.40	4.99
OUTPATIENTS	400	1,079	71,936.35	66.67	.824	179.84	54.96
MEDICAL SUPPLIES	29	401	3,675.87	9.17	.306	126.75	2.81
@DENTIST	79	459	\$ 12,049.66	\$ 26.25	.351	\$ 152.53	\$ 9.21
VISITS - DIAGNOSTIC	58	326	3,806.50	11.68	.249	65.63	2.91
ORAL SURGERY	8	16	828.00	51.75	.012	103.50	.63
DRUGS	1	1	25.00	25.00	.001	25.00	.02
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	800.00	200.00	.003	200.00	.61
ENDODONTICS	2	6	284.00	47.33	.005	142.00	.22
RESTORATIVE DENTISTRY	28	96	5,439.00	56.66	.073	194.25	4.16
PROSTHETICS	1	1	50.00	50.00	.001	50.00	.04
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	3	333.00	111.00	.002	333.00	.25
MAXILLOFACIAL SERVICES	2	2	224.16	112.08	.002	112.08	.17
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4	260.00	65.00	.003	65.00	.20
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

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01/17/03

1,309 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	21	62	\$ 1,371.61	\$ 22.12	.047	\$ 65.31	\$ 1.05
DIAGNOSTIC AND ANC. PROCED	13	13	613.40	47.18	.010	47.18	.47
EYE APPLIANCES	16	49	758.21	15.47	.037	47.39	.58
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	5	7	\$ 117.04	\$ 16.72	.005	\$ 23.41	\$.09
VISITS	4	6	100.32	16.72	.005	25.08	.08
OTHER SERVICES	1	1	16.72	16.72	.001	16.72	.01
@PODIATRIST	6	9	\$ 206.08	\$ 22.90	.007	\$ 34.35	\$.16
MEDICINE/INJECTIONS	6	7	184.08	26.30	.005	30.68	.14
SURGERY/ANES.	1	2	22.00	11.00	.002	22.00	.02
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	188	959	\$ 128,210.91	\$ 133.69	.733	\$ 681.97	\$ 97.95
HOSP INPATIENT TOTAL	13	78	106,396.00	1364.05	.060	8184.31	81.28
HSC HOSPITALS	13	78	106,396.00	1364.05	.060	8184.31	81.28
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	184	881	21,814.91	24.76	.673	118.56	16.67
MEDICAL	52	73	3,522.54	48.25	.056	67.74	2.69
SURGERY	11	14	972.16	69.44	.011	88.38	.74
PATHOLOGY	92	409	4,477.61	10.95	.312	48.67	3.42
RADIOLOGY	42	51	3,262.40	63.97	.039	77.68	2.49
ROOM USE	116	168	6,753.98	40.20	.128	58.22	5.16
CROSSOVERS/ALL OTH OUTPTNT	61	166	2,826.22	17.03	.127	46.33	2.16
@COUNTY HOSPITAL TOTAL	62	270	\$ 21,986.53	\$ 81.43	.206	\$ 354.62	\$ 16.80
CO HOSPITAL INPATIENT TOTAL	3	14	14,672.00	1048.00	.011	4890.67	11.21
HSC HOSPITALS	3	14	14,672.00	1048.00	.011	4890.67	11.21
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	61	256	7,314.53	28.57	.196	119.91	5.59
MEDICAL	29	39	1,781.53	45.68	.030	61.43	1.36
SURGERY	5	8	348.02	43.50	.006	69.60	.27
PATHOLOGY	38	116	1,146.69	9.89	.089	30.18	.88
RADIOLOGY	13	19	1,965.07	103.42	.015	151.16	1.50
ROOM USE	36	48	1,833.85	38.21	.037	50.94	1.40
CROSSOVERS/ALL OTH OUTPTNT	14	26	239.37	9.21	.020	17.10	.18

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,851

MOP024
SAN JOAQUIN COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

01/17/03

1,309 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	131	689	\$ 106,224.38	\$ 154.17	.526	\$ 810.87	\$ 81.15
COMM HOSP INPATIENT TOTAL	10	64	91,724.00	1433.19	.049	9172.40	70.07
HSC HOSPITALS	10	64	91,724.00	1433.19	.049	9172.40	70.07
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	128	625	14,500.38	23.20	.477	113.28	11.08
MEDICAL	24	34	1,741.01	51.21	.026	72.54	1.33
SURGERY	6	6	624.14	104.02	.005	104.02	.48
PATHOLOGY	55	293	3,330.92	11.37	.224	60.56	2.54
RADIOLOGY	29	32	1,297.33	40.54	.024	44.74	.99
ROOM USE	81	120	4,920.13	41.00	.092	60.74	3.76
CROSSOVERS/ALL OTH OUTPTNT	48	140	2,586.85	18.48	.107	53.89	1.98
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7	174	\$ 21,007.57	\$ 120.73	.133	\$ 3001.08	\$ 16.05
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	7	174	21,007.57	120.73	.133	3001.08	16.05
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	130	\$ 1,435.77	\$ 11.04	.099	\$ 79.77	\$ 1.10
PATHOLOGY	18	130	1,435.77	11.04	.099	79.77	1.10
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	37	119	\$ 4,064.79	\$ 34.16	.091	\$ 109.86	\$ 3.11
CLINIC	14	60	1,180.70	19.68	.046	84.34	.90
SURGICENTER	1	6	231.21	38.54	.005	231.21	.18
HEROIN DETOX CLINIC	2	24	260.13	10.84	.018	130.07	.20
RURAL HEALTH CLINIC	20	29	2,392.75	82.51	.022	119.64	1.83

#CALIF DEPT OF HEALTH SERV
MOP024
SAN JOAQUIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

PAGE 11,852
01/17/03

1,309 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	71	1,026	\$	11,129.14	\$ 10.85	.784	\$ 156.75	\$ 8.50
DURABLE MED. EQUIP.	2	2		83.00	41.50	.002	41.50	.06
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	20	407		9,396.71	23.09	.311	469.84	7.18
AMBULANCES/AIR TRANS	18	211		5,352.19	25.37	.161	297.34	4.09
OTHER TRANS	1	162		243.30	1.50	.124	243.30	.19
OTHER SERVICES	3	34		3,801.22	111.80	.026	1267.07	2.90
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.001	105.00	.08
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	27	66		660.00	10.00	.050	24.44	.50
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1		96.50	96.50	.001	96.50	.07
PROSTHETICS	1	1		96.50	96.50	.001	96.50	.07
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3		144.59	48.20	.002	144.59	.11
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	18	45		465.16	10.34	.034	25.84	.36
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	501		178.18	.36	.383	89.09	.14
@CALIF. CHILDREN SERVICES*	43	518	\$	89,979.12	\$ 173.70	.396	\$ 2092.54	\$ 68.74
@XOVER EXCLUDING STATE HOSP**	13	292	\$	1,336.89	\$ 4.58	.223	\$ 102.84	\$ 1.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 11,853
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SAN JOAQUIN COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

	607,480 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		464,816	15,871,150	\$ 277,148,465.93	\$ 17.46	26.126	\$ 596.25	\$ 456.23
@PHYSICIANS SERVICES		125,229	407,535	\$ 16,942,167.98	\$ 41.57	.671	\$ 135.29	\$ 27.89
OUTPATIENT VISITS		70,584	122,363	3,999,971.40	32.69	.201	56.67	6.58
OFFICE VISITS		51,140	69,737	2,094,002.01	30.03	.115	40.95	3.45
HOME VISITS		717	814	32,544.85	39.98	.001	45.39	.05
EMERGENCY ROOM		13,280	16,239	871,662.68	53.68	.027	65.64	1.43
PREVENTIVE CARE		112	118	4,786.51	40.56	.000	42.74	.01
OB VISITS/COMPRI PERI		7,142	31,718	873,570.87	27.54	.052	122.31	1.44
OTHER OUTPATIENT		3,071	3,737	123,404.48	33.02	.006	40.18	.20
INPATIENT VISITS		9,654	43,920	2,962,410.61	67.45	.072	306.86	4.88
HOSPITAL VISITS		7,225	30,329	1,382,445.58	45.58	.050	191.34	2.28
CRITICAL CARE		1,199	9,668	1,438,578.59	148.80	.016	1199.82	2.37
SNF/ICF/TRANS IP CARE		1,867	3,923	141,386.44	36.04	.006	75.73	.23
OPHTHALMOLOGICAL SERVICES		2,056	2,288	103,733.37	45.34	.004	50.45	.17
EXAMINATIONS		2,037	2,269	103,296.37	45.53	.004	50.71	.17
SERVICES AND MATERIALS		19	19	437.00	23.00	.000	23.00	.00

INPATIENT HOSPITAL SURGERY	6,045	23,710		3,637,688.35	153.42	.039	601.77	5.99
PRINCIPAL SURGEON	4,635	5,884		3,060,801.68	520.19	.010	660.37	5.04
ASSISTANT SURGEON	653	672		131,526.09	195.72	.001	201.42	.22
ANESTHESIOLOGIST	1,784	17,154		445,360.58	25.96	.028	249.64	.73
OUTPATIENT SURGERY	7,678	15,801		1,436,891.30	90.94	.026	187.14	2.37
PRINCIPAL SURGEON	6,814	8,861		1,225,153.58	138.26	.015	179.80	2.02
ASSISTANT SURGEON	66	66		11,621.15	176.08	.000	176.08	.02
ANESTHESIOLOGIST	1,602	6,874		200,116.57	29.11	.011	124.92	.33
DIALYSIS	858	2,887		247,136.81	85.60	.005	288.04	.41
PATHOLOGY	11,169	21,263		226,398.50	10.65	.035	20.27	.37
RADIOLOGY	17,580	31,907		1,544,098.17	48.39	.053	87.83	2.54
PSYCHIATRY	17	36		1,493.10	41.48	.000	87.83	.00
IMMUNIZATION AND INJECTION	3,387	10,398		389,232.63	37.43	.017	114.92	.64
OTHER SERVICES/ALL X-OVERS	43,030	132,962		2,393,113.74	18.00	.219	55.62	3.94
@PHARMACY	251,226	2,772,884	\$	71,042,368.64	\$ 25.62	4.565	\$ 282.78	\$ 116.95
PRESCRIPTION DRUGS	247,829	1,054,430		66,664,410.20	63.22	1.736	268.99	109.74
SNF/ICF	18,945	121,680		6,827,971.94	56.11	.200	360.41	11.24
OUTPATIENTS	229,566	932,750		59,836,438.26	64.15	1.535	260.65	98.50
MEDICAL SUPPLIES	23,567	1,718,454		4,377,958.44	2.55	2.829	185.77	7.21
@DENTIST	78,531	451,979	\$	14,635,183.44	\$ 32.38	.744	\$ 186.36	\$ 24.09
VISITS - DIAGNOSTIC	57,833	300,610		3,891,888.00	12.95	.495	67.30	6.41
ORAL SURGERY	13,016	27,616		1,438,297.54	52.08	.045	110.50	2.37
DRUGS	1,315	1,535		31,724.25	20.67	.003	24.12	.05
ANESTHESIA	513	528		45,635.00	86.43	.001	88.96	.08
PERIODONTICS	4,012	4,594		622,781.75	135.56	.008	155.23	1.03
ENDODONTICS	5,882	9,347		1,292,287.70	138.26	.015	219.70	2.13
RESTORATIVE DENTISTRY	27,947	92,646		5,653,376.45	61.02	.153	202.29	9.31
PROSTHETICS	404	446		12,987.50	29.12	.001	32.15	.02
DENTURES, STAYPLATES	3,765	10,268		1,310,463.51	127.63	.017	348.06	2.16
SPACE MAINTAINERS	392	488		54,784.37	112.26	.001	139.76	.09
MAXILLOFACIAL SERVICES	273	296		32,030.71	108.21	.000	117.33	.05
FRACTURES, DISLOCATIONS	5	6		1,075.00	179.17	.000	215.00	.00
ORTHODONTIC SERVICES	2,387	3,097		243,885.26	78.75	.005	102.17	.40
ALL OTHER SERVICES	356	502		3,966.40	7.90	.001	11.14	.01

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	607,480 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9,410	27,302	\$	577,405.53	\$ 21.15	.045	\$ 61.36	\$.95
DIAGNOSTIC AND ANC. PROCED	4,074	4,111		190,117.25	46.25	.007	46.67	.31
EYE APPLIANCES	7,491	22,369		369,822.84	16.53	.037	49.37	.61
OTHER OPTOMETRIC SERVICES	602	822		17,465.44	21.25	.001	29.01	.03
@CHIROPRACTOR	1,566	2,801	\$	45,573.63	\$ 16.27	.005	\$ 29.10	\$.08
VISITS	1,499	2,691		44,122.27	16.40	.004	29.43	.07
OTHER SERVICES	67	110		1,451.36	13.19	.000	21.66	.00
@PODIATRIST	6,426	9,525	\$	211,860.65	\$ 22.24	.016	\$ 32.97	\$.35
MEDICINE/INJECTIONS	2,542	2,902		70,821.57	24.40	.005	27.86	.12
SURGERY/ANES.	113	150		9,059.12	60.39	.000	80.17	.01
RADIO./PATHOLOGY	101	123		1,842.47	14.98	.000	18.24	.00
OTHER	3,972	6,350		130,137.49	20.49	.010	32.76	.21
@HOME HEALTH AGENCY	1,350	76,255	\$	2,584,579.67	\$ 33.89	.126	\$ 1914.50	\$ 4.25
NURSE ANESTHESIST	251	608	\$	6,553.99	\$ 10.78	.001	\$ 26.11	\$.01
NURSE MIDWIFE	1	5	\$	94.12	\$ 18.82	.000	\$ 94.12	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	74	108	\$	3,404.80	\$	31.53	.000	\$	46.01	\$	.01
@TOTAL HOSPITAL	75,685	418,492	\$	65,127,559.14	\$	155.62	.689	\$	860.51	\$	107.21
HOSP INPATIENT TOTAL	10,160	64,905		55,783,621.41		859.47	.107		5490.51		91.83
HSC HOSPITALS	8,638	49,019		52,704,142.75		1075.18	.081		6101.43		86.76
NON-HSC HOSPITAL TOTAL	291	3,774		1,903,419.49		504.35	.006		6540.96		3.13
ACCOMMODATIONS	291	3,774		1,001,441.35		265.35	.006		3441.38		1.65
ADMINISTRATIVE DAYS	198	3,373		764,720.61		226.72	.006		3862.23		1.26
TRANSITIONAL IP CARE	0	0		276.67		.00	.000		.00		.00
ALL OTHER ACCOM	93	401		236,444.07		589.64	.001		2542.41		.39
ANCILLARIES	289	0		901,978.14		.00	.000		3121.03		1.48
INPATIENT CROSSOVERS	1,358	12,112		1,176,059.17		97.10	.020		866.02		1.94
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	70,297	353,587		9,343,937.73		26.43	.582		132.92		15.38
MEDICAL	15,946	24,923		1,121,298.03		44.99	.041		70.32		1.85
SURGERY	3,370	4,963		268,152.12		54.03	.008		79.57		.44
PATHOLOGY	33,943	150,832		1,904,803.82		12.63	.248		56.12		3.14
RADIOLOGY	12,300	19,747		1,642,240.35		83.16	.033		133.52		2.70
ROOM USE	32,578	49,710		1,986,084.08		39.95	.082		60.96		3.27
CROSSOVERS/ALL OTH OUTPTNT	28,836	103,412		2,421,359.33		23.41	.170		83.97		3.99
@COUNTY HOSPITAL TOTAL	26,970	151,278	\$	25,811,929.93	\$	170.63	.249	\$	957.06	\$	42.49
CO HOSPITAL INPATIENT TOTAL	3,885	23,743		21,942,658.77		924.17	.039		5648.05		36.12
HSC HOSPITALS	3,757	20,316		21,130,516.79		1040.09	.033		5624.31		34.78
NON-HSC HOSPITALS TOTAL	82	2,209		696,587.11		315.34	.004		8494.96		1.15
ACCOMMODATIONS	82	2,209		501,779.37		227.15	.004		6119.26		.83
ADMINISTRATIVE DAYS	82	2,209		501,754.40		227.14	.004		6118.96		.83
TRANSITIONAL IP CARE	0	0		24.97		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	82	0		194,807.74		.00	.000		2375.70		.32
INPATIENT CROSSOVERS	104	1,218		115,554.87		94.87	.002		1111.10		.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	25,209	127,535		3,869,271.16		30.34	.210		153.49		6.37
MEDICAL	10,531	16,994		668,050.29		39.31	.028		63.44		1.10
SURGERY	1,276	2,471		117,006.07		47.35	.004		91.70		.19
PATHOLOGY	12,560	54,726		708,472.43		12.95	.090		56.41		1.17
RADIOLOGY	4,556	6,259		594,418.85		94.97	.010		130.47		.98
ROOM USE	15,037	23,832		932,243.74		39.12	.039		62.00		1.53
CROSSOVERS/ALL OTH OUTPTNT	8,691	23,253		849,079.78		36.51	.038		97.70		1.40
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SAN JOAQUIN COUNTY	SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED										

						----- MONTHLY AVERAGE -----			
	607,480 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	51,611	267,214	\$	39,315,629.21	\$ 147.13	.440	\$ 761.77	\$ 64.72	
COMM HOSP INPATIENT TOTAL	6,382	41,162		33,840,962.64	822.14	.068	5302.56	55.71	
HSC HOSPITALS	4,985	28,703		31,573,625.96	1100.01	.047	6333.73	51.97	
NON-HSC HOSPITALS TOTAL	209	1,565		1,206,832.38	771.14	.003	5774.32	1.99	
ACCOMMODATIONS	209	1,565		499,661.98	319.27	.003	2390.73	.82	
ADMINISTRATIVE DAYS	116	1,164		262,966.21	225.92	.002	2266.95	.43	
TRANSITIONAL IP CARE	0	0		251.70	.00	.000	.00	.00	
ALL OTHER ACCOM	93	401		236,444.07	589.64	.001	2542.41	.39	
ANCILLARIES	207	0		707,170.40	.00	.000	3416.28	1.16	
INPATIENT CROSSOVERS	1,254	10,894		1,060,504.30	97.35	.018	845.70	1.75	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	47,590	226,052		5,474,666.57	24.22	.372	115.04	9.01	
MEDICAL	5,701	7,929		453,247.74	57.16	.013	79.50	.75	

SURGERY	2,127	2,492		151,146.05		60.65	.004	71.06	.25
PATHOLOGY	22,159	96,106		1,196,331.39		12.45	.158	53.99	1.97
RADIOLOGY	7,971	13,488		1,047,821.50		77.69	.022	131.45	1.72
ROOM USE	18,624	25,878		1,053,840.34		40.72	.043	56.59	1.73
CROSSOVERS/ALL OTH OUTPTNT	20,484	80,159		1,572,279.55		19.61	.132	76.76	2.59
@STATE HOSPITAL	38	1,057	\$	580,212.55	\$	548.92	.002	\$ 15268.75	\$.96
MENTALLY ILL	2	0		3,651.95		.00	.000	1825.98	.01
DEVELOP. DISABLED	36	1,057		576,560.60		545.47	.002	16015.57	.95
@NURSING FACILITY	20,754	602,439	\$	69,953,001.69	\$	116.12	.992	\$ 3370.58	\$ 115.15
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	568	17,671		2,035,841.33		115.21	.029	3584.23	3.35
LEV B-SUBACUTE FREESTANDING	3	69		41,209.33		597.24	.000	13736.44	.07
LEV B-SUBACUTE HSPTL BASED	597	20,222		10,889,968.64		538.52	.033	18241.15	17.93
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	19,712	564,477		56,985,982.39		100.95	.929	2890.93	93.81
@INTERMEDIATE CARE FACIL.-DD	2,100	64,145	\$	9,673,664.16	\$	150.81	.106	\$ 4606.51	\$ 15.92
ICF DDH	1,355	41,754		5,859,662.37		140.34	.069	4324.47	9.65
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	745	22,391		3,814,001.79		170.34	.037	5119.47	6.28
@HEMODIALYSIS TOTAL	2,654	48,172	\$	3,900,266.54	\$	80.97	.079	\$ 1469.58	\$ 6.42
HOSPITAL BASED	264	2,092		1,275,220.49		609.57	.003	4830.38	2.10
HEMODIALYSIS CENTER	2,392	46,080		2,625,046.05		56.97	.076	1097.43	4.32
@REHABILITATION FACILITY	1,218	9,081	\$	185,263.75	\$	20.40	.015	\$ 152.10	\$.30
HOSPITAL BASED	480	2,953		66,406.74		22.49	.005	138.35	.11
INDEPENDENT FACILITY	745	6,128		118,857.01		19.40	.010	159.54	.20
@LABORATORY FACILITY	11,120	42,064	\$	506,665.83	\$	12.05	.069	\$ 45.56	\$.83
PATHOLOGY	10,090	39,638		483,361.57		12.19	.065	47.91	.80
XO AND OTHERS	1,031	2,426		23,304.26		9.61	.004	22.60	.04
@ORGANIZED OUTPATIENT CLINIC	42,017	83,624	\$	5,356,185.77	\$	64.05	.138	\$ 127.48	\$ 8.82
CLINIC	5,222	26,155		733,934.74		28.06	.043	140.55	1.21
SURGICENTER	423	2,378		158,680.18		66.73	.004	375.13	.26
HEROIN DETOX CLINIC	242	3,060		34,948.11		11.42	.005	144.41	.06

RURAL HEALTH CLINIC
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36,316 52,031 4,428,622.74
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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
607,480 ELIGIBLES							
@ALL OTHER PROVIDERS	98,418	10,853,074	\$ 15,816,454.05	\$ 1.46	17.866	\$ 160.71	\$ 26.04
DURABLE MED. EQUIP.	4,522	19,451	2,545,569.48	130.87	.032	562.93	4.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	298	412	134,902.14	327.43	.001	452.69	.22
MEDICAL TRANSPORTATION	13,464	469,624	2,871,655.82	6.11	.773	213.28	4.73
AMBULANCES/AIR TRANS	4,970	52,406	943,083.08	18.00	.086	189.76	1.55
OTHER TRANS	4,391	369,613	1,370,839.11	3.71	.608	312.19	2.26
OTHER SERVICES	4,793	47,605	557,733.63	11.72	.078	116.36	.92
ACUPUNCTURE	1,809	3,604	67,515.69	18.73	.006	37.32	.11
ADULT DAY HEALTH CARE CTR	1,176	17,355	1,158,026.40	66.73	.029	984.72	1.91
GENETIC DISEASE TESTING	3,536	3,558	310,567.50	87.29	.006	87.83	.51
IHMC,MODEL-NF,NF,AIDS,MSSP	2,534	111,047	3,238,454.91	29.16	.183	1278.00	5.33
OCCUPATIONAL THERAPIST	61	1,120	5,765.82	5.15	.002	94.52	.01
OPTICIAN	17,152	38,754	441,382.15	11.39	.064	25.73	.73
PHYSICAL THERAPIST	14	368	1,930.84	5.25	.001	137.92	.00
PORTABLE X-RAY	275	633	10,299.65	16.27	.001	37.45	.02
PROSTHETIST/ORTHOTISTS	687	2,029	176,546.98	87.01	.003	256.98	.29
PROSTHETICS	577	1,896	166,773.00	87.96	.003	289.03	.27
ORTHOTICS	121	133	9,773.98	73.49	.000	80.78	.02
PSYCHOLOGIST	53	206	7,469.34	36.26	.000	140.93	.01
SPEECH AND AUDIOLOGY	1,809	4,574	265,239.07	57.99	.008	146.62	.44
HOSPICE SERVICES	293	7,920	835,932.47	105.55	.013	2853.01	1.38
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	38,680	132,194	1,328,813.21	10.05	.218	34.35	2.19
EPSDT SUPPLEMENTAL SERVICE	22	2,806	71,623.73	25.53	.005	3255.62	.12
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19,612	10,037,419	2,344,758.85	.23	16.523	119.56	3.86
@CALIF. CHILDREN SERVICES*	9,793	656,252	\$ 22,331,408.79	\$ 34.03	1.080	\$ 2280.34	\$ 36.76
@XOVER EXCLUDING STATE HOSP**	53,131	965,932	\$ 8,383,233.36	\$ 8.68	1.590	\$ 157.78	\$ 13.80

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.